Author's response to reviews

Title: Adherence to recommendations by infectious disease consultants and its influence on outcomes of intravenous antibiotic-treated hospitalized patients

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Author's response to reviews: see over
Dear Dr. Shabir Madhi,

Thank you for the comments received for manuscript MS 1382221580682231 that have helped us to improve the manuscript. Attached we are sending the revised version that has been agreed by all authors and the response to reviewers.

Sincerely yours,

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Response to reviewers

Reviewer: Colleen Bamford

The study question is well posed and methods are appropriate and well described. (?chose to use p < 0.001 to account for multiple comparisons – not sure if this is acceptable.)

Due to the multiple comparisons in the bivariate analysis, the Bonferroni correction was applied and the p<0.001 was used to minimize type 1 error.

To clarify, the sentence “In order to avoid false associations in multiple comparisons in the bivariate analyses, the Bonferroni correction was applied and the p<0.001 was considered statistically significant to minimize type 1 error “ has been inserted in the methods section: Page 9, line 10. It has been highlighted in yellow.

The discussion and conclusions are appropriate, but could try to avoid repetition of some of the findings. Otherwise well written, the abstract and title are accurate.

The finding that microbiological tests were more frequently requested in patients randomized to the intervention, and that there was a higher percentage of positive cultures, suggests that ID consultation in addition to antibiotic advice also consciously or unconsciously influenced test request practices, and possibly led to more appropriate selection of sites for microbiological tests.

A paragraph including the reviewer comments is included in the discussion (pages 14-15). It has been highlighted in yellow.

Table 2 and possibly Table 3 do not add very much value to the study.

Tables 2 and 3 have been deleted and the text of the results section modified accordingly (Page 10). It has been highlighted in yellow.

Characteristics of antibiotic treatments prior to ID recommendations: this section could be condensed/clarified.

The section has been rewritten following the reviewer’s suggestion. Page 10, last paragraph. It has been highlighted in yellow.

Reviewer: Elodie Sellier

Major compulsory revisions

1. Nevertheless, I think that there are too much tables and results presented. Selecting the most important results would probably make the article clearer.

Tables 2 and 3 have been deleted and the results section has been reviewed and shortened.

2. In the abstract, page 10 and page 11, authors report a lot of differences as being significant but this is false. e.g. page 10: "non-significant differences were
found between the intervention and the non-intervention groups, although the percentages of smokers (p=0.015) of patients with alcohol intake (p=0.034) and of patients with chronic respiratory insufficiency (p=0.032) were higher in the intervention group”. All the comparisons have p>0.001 which is not significant (statistical threshold for significance of p<0.001 due to multiple comparisons).

We agree with the reviewer and the pages 10 and 11 have been corrected. We added the word “non-significantly higher” to the sentences. These paragraphs have been highlighted in yellow.

In order to avoid false associations in multiple comparisons only in the bivariate analyses p<0.001 was considered statistically significant. To clarify, the sentence “In order to avoid false associations in multiple comparisons in the bivariate analyses, the Bonferroni correction was applied and the p<0.001 was considered statistically significant to minimize type 1 error “ has been inserted in the methods section: Page 9, line 10. It has been highlighted in yellow.

In the abstract section the results that are showed are those of multivariate analysis which shows Odds Ratio, 95% Confidence Interval and the corresponding p values. (OR, 95%CI and p values are given). In this setting P values are considered significant if they are less than 0.05.

3. The authors should assess the limits of the study in the discussion.
A paragraph on limits of the study has been included in the discussion (page 15). It has been highlighted in yellow.