Author's response to reviews

Title: The quality of care delivered to Parkinson's disease patients in the U.S. Pacific Northwest Veterans Health System

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Dear Editor,

I want to thank the reviewer for the helpful comments and in particular the insight into differences between the U.S. and U.K. Below are our responses to the reviewer’s comments. Changes made to the manuscript have been underlined.

In the general outline, the reviewer recommends going into more detail regarding the discussion of recommendations for improving care. We have included some more discussion of this on page 13.

1. In a recently published article (Swarztrauber et al., Initial pharmacotherapy in a population of veterans with Parkinson disease. Neurology, May 2006; 66: 1425 - 1426.) we showed that only 1.3% of initial therapy for PD is selegiline in a veteran population. As the reviewer notes, we did not feel it would add sufficient cases to our sample.

2. We have added our rational for choosing 350 patients with PD on page 5.

3. We did not specify the use of a depression scale. We agree with the reviewer that a depression scale is the best way to measure depression in PD and we personally favor the PDQ-9 scale that can be self-administered, however we were looking at the least specific measure, i.e. any mention of depression. We gave the providers the benefit of a doubt. Our low rates likely underestimate the accurate identification of depression in PD.

4. We agree that patient recall of their falls is challenging. However, the study, Cummings SR, Nevitt MC, Kidd S. Forgetting falls. The limited accuracy of recall of falls in the elderly. J Am Geriatr Soc. 1988 Jul;36:613-6., shows fall recall, although poor, is slightly better for the preceding year than for the preceding six months. Again, we gave the providers the benefit of a doubt and our rates will likely underestimate the identification of falls in PD.

5. We agree with the reviewer about the limitations of this indicator. We are currently working on developing a simple screening test for orthostatic hypotension.

6. Again we agree with the reviewer about the limitations of this indicator. We are currently working on developing a simple screening test for hallucinations. We are also working on the assessment of dementia in PD and the use of anticholinergic therapies.

7. We agree that we should have reviewed more. Unfortunately, we were limited in our personnel and resources in Portland, Oregon. We have reviewed more charts for reliability in our PD population in Los Angeles and plan to report those results soon.

8. In the authors opinion, the inaccurate use of the ICD-9 CM codes for Parkinson’s disease is a great concern. In the paper, Swarztrauber et al., Identifying and distinguishing cases of parkinsonism and Parkinson's disease using ICD-9 CM codes and pharmacy data. Mov Disord. 2005 Aug;20(8):964-70., the author tackles the
problem of inaccurate administrative data coding. We cite this reference in the methods on page 5 and the discussion on page 13.

9. We agree with the reviewer and have added additional discussion on page 13.

We want to thank the reviewer for their time and effort.

Sincerely,

Kari Swarztrauber, MD MPH