Author's response to reviews

Title: Consultant psychiatrists' experiences of and attitudes towards shared decision making in antipsychotic prescribing, a qualitative study.

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Author's response to reviews: see over
To the Editor,

RE: MS: 5211219471010838 - Consultant psychiatrists' experiences of and attitudes towards shared decision making in antipsychotic prescribing, a qualitative study.

Many thanks for your communication in relation to our manuscript submission. Please find in this letter our response to the issues raised by the two peer reviewers and illustration of changes made to the manuscript in light of these recommendations.

Referee 1

1. The paper would gain from editing to make it shorter. Some comments are repeated.

   • The manuscript has been re-read with the intention of editing and superfluous sections removed.

2. Most of the Methods section and parts of the Abstract are presented in the passive voice. The paper will be easier to read and more powerful when written with an active voice.

   • The passive voice has been used in this manuscript in an effort to maximise the themes described by research participants and minimise the role of the researcher. While it is accepted that the role of the researcher cannot be overlooked in qualitative research and this is addressed in the manuscript, it was felt that for this research topic the role of the participant should be made paramount.

3. I find it confusing to have the results and discussion presented together in one section. I would recommend presenting the findings in a condensed format followed by a discussion section that includes some of what is in the current “results and discussion” section and some of which is in the current “conclusions” section. The conclusion section would then be a brief section focused on the most important points of discovery.

   • The authors presented the research and discussion section as one unit in this manuscript in an effort to highlight the inseparability of background theory, research and novel qualitative findings. Through combining the two sections we hoped that the narrative nature of qualitative findings, and their context, could be highlighted. Again the manuscript has been reviewed and clarity has been sought.

4. Background section, paragraph 4. Charles model – SDM is not really “midway” in terms of information exchange – it is the only model with substantial two way communication.

   • This section has been rephrased for clarity

5. Results and discussion section. Research participants paragraph: You mention a psychiatrist not participating because he or she did not think there was a research question around first and second generation antipsychotics - this is confusing to the reader as the authors have not indicated that is the topic of the study.

   • Again this has been rephrased for clarity
6. **Results and discussion section. Directed analysis, 3rd paragraph:** please consider the work of MP Salyers on shared decision making in psychiatric consultation as relevant to this section.

   - An additional sentence and reference has been added at this point reflecting the recommendation for consideration.

7. **Results and discussion section. Directed analysis, 4th paragraph:** I do not understand how this paragraph and quote fit in at all. A psychiatrist may feel medication is not needed and still have a shared decision. The MD’s belief of what is likely to help is not the issue, it is how the MD and patient arrive at a plan that is the topic of the paper.

   - This paragraph has been rewritten and the quote abridged in an effort to clarify their implication for the SDM process.

8. **Results and discussion section. Information sharing, 3rd paragraph.** I do not understand why this paper includes this discussion of the side effects of newer and older antipsychotic medications. Does not seem relevant. The quote about dystonias does not fit. In shared decision making the MD shares the potential risks and benefits of the medications.

   - An additional statement has been added to this section seeking to clarify the role of perceived differences in antipsychotic medications and how this could influence the SDM process.

9. **Results and discussion section. Deliberation section. External factors influencing the clinician.** External factors could go into a shared decision as well as a paternalistic decision – a patient might want to have a good relationship with his mother, for example, and choose to take a medication to keep his mother happy even if he did not feel he needed it himself – that value might drive the decision to take the medication. In contrast, an MD might give a patient a medication without a full shared decision making process with the aim of allowing a unit to get some sleep in a paternalistic manner.

   - An additional sentence has been added prior to the external factors heading seeking to explain the role of these factors in influencing the process of shared decision making.

10. **Results and discussion section. Deliberation section. External factors influencing the patient.** This section does not seem relevant to the discussion at all to me. These are the values and ideas that a patient might bring to the discussion – everyone brings ideas to a shared decision making discussion – ideas that may or may not be grounded in fact.

   - Please see above.

11. **Results and discussion section. Last sentence.** Taking medications is an ongoing decision, not a one-time decision like surgery. Therefore, decision making about taking medications is ongoing and can shift back and forth between a shared process and a paternalistic process.

   - An additional sentence has been added at this point in the manuscript and in the future research section in order to address this concept.

**Referee 2**

1. **As this paper has the potential to be viewed as simply a replication of the previous studies in this field, it is necessary to delineate more clearly the additional contribution that this paper makes over and above the Seale/Quirk studies and draw out the findings that emerged from your analyses that were not previously described in Seale/Quirk papers.**
• An additional paragraph has been added to the Conclusions section of the manuscript (conclusions paragraph 2) addressing the novel findings emerging from this manuscript in comparison with the previous report by Seale and colleagues.

2. There is considerable detail missing in relation to the analytic process and reporting of findings. As the number of participants commenting on each of the emergent themes/issues is not provided, it is not possible to assess how representative the themes and associated illustrative quotes are.

• Numbers of participants expressing material in relation to each of the framework headings are now included in the manuscript. A caveat statement relating to the difficulty of expressing numbers or proportions in studies adopting theoretical, or purposive, sampling methods has been added at the beginning of the directed analysis section.

3. A useful improvement would be to pull out the factors that psychiatrists reported as obstructive and constructive in shared decision making and tabulate and discuss them.

• A summary table of themes in relation to framework headings has now been inserted prior to the framework analysis section

Kind Regards

Dr Andrew Shepherd
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