Author's response to reviews

Title: What do patients expect from a psychiatric consultation? - A study from Karachi

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In response to Ms Sandra van Dulmen

Major Compulsory Revision

We have discussed in the background section that how the expectations and underlying issues are linked with patients' satisfaction, adherence to treatment and continuation or premature termination of therapy. Knowledge of these expectations and issues is the first step towards making right choices and patient centered management plan. That is the only way we could convince policy makers what is really going to be effective and why. It can also help to educate our patients what might be achievable and where we might be unrealistic. It can certainly help some of the busy doctors to utilize their time more efficiently.

We fully agree with the reviewer's comments about the mix up of terms. We have rectified those in the revised version.

Had we known the prior contact with any psychiatric service, we would have been better informed, but unfortunately, we did not. We have acknowledged this in the limitations of our study.

In spite of our efforts, we did not find a questionnaire that was valid in our setting and therefore we had to construct one for ourselves. We have given the full details of development of this questionnaire. Details about the number of total questions and piloting are included in the revision.

Response rate, duration and dates are included in the revision.

We have discussed the relevance and rationale of some of the variables e.g. Income or employment. The background information perhaps makes it more apparent in the revision. After applying the chi-squared test we did not find any significant association between the demographic factors and the different variables. All p-values were more than 0.05.

Background and procedural information are added to clarify many of the questions raised in the comments.
Minor revisions

The result and discussion sections have been separated out. We have incorporated additional and more up to date references as advised.

Only figure is kept to avoid the duplication.

The seven patients who did answered the open ended question had different responses and therefore we only mentioned two responses.

Discretionary Revisions

Percentages have been ranked from highest to lowest as advised.

In response to Mr. Greg E Simon

Major Compulsory Revision.

Elaboration of the study setting is included in the method section.

Explanation of the referral pathways is included as advised with reference.

Issue of representativeness is discussed in the paper at two places; weakness of study and in discussion sections.

Availability and accessibility of mental health services is discussed in the background section with references.

We have kept the table and have removed the figure to avoid the duplication as advised. On application of the chi-squared test all p-values were more than 0.05. Hence we did not find a significant association between the demographic factors and the expectations. As there is no significance, we did not add any confidence interval.

Results and discussion sections are now clearer.

For the fear of duplication and length, we have not given the findings in the method sections.

In response to Ms Claudia Cooper

Major Compulsory Revision

Details are added about inclusion and exclusion criteria.

We have clearly mentioned both in abstract and method section that we have including non-psychotic patients coming for the first time to clinic for consultation.

Minors were under 18 years of age and the article states this clearly.

Response rate was 84%. 58 approached and 50 agreed to participate.
We recruited patients consecutively as they walked in for their consultation. There was no association after applying chi square test. The p-values for all our variables were more than 0.05.

Minor Essential Revisions
Details are added about tertiary care concept in Pakistan for the understanding of international audience.

Process of questionnaire construction is explained in the method section.

Discretionary Revision
Only the table has been kept and the figure removed.

Paragraphs have been rearranged to improve the flow and comprehension.