Author's response to reviews

Title: Supporting self-management after attending a structured education programme: a qualitative longitudinal investigation of type 1 diabetes patients' experiences and views

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Author's response to reviews: see over
Dear Editor,

Thank you very much for sending our paper out for a further review. We are very grateful indeed to the reviewer for their helpful comments, and believe that we have produced a stronger manuscript in response to their suggestions and feedback. We have listed our responses to all of the reviewer’s comments below. We hope you will be happy with our revised manuscript; however, if you require us to make any further revisions, we would be happy to so.

Yours sincerely

David Rankin

Reviewer: Flora Haaijer-Ruskamp

Review about methods:
In general the methods are well described and applied. I have some concerns.

Additional information needed in the methods:
How is dealt with reverting back to earlier responses of patients in earlier rounds? Where patients confronted with those answers? And how they felt now about it...

Response: In the Methods sub-section describing data collection, we have made more explicit the ways in which our interim analysis and study team members’ repeated re-reading of patients’ earlier transcripts was used to inform and personalise the questions we asked participants during 6 and 12 month follow-up interviews. We have also provided an illustrative example of how patients’ earlier accounts were used to inform subsequent interviews.

How representative is the study population for the DAFNE population (which was the intention) and possibly to diabetes1 population in the UK?

Response: On page 7 we explain how we undertook purposive sampling to ensure that we had a representative sample of patients in terms of their gender, age and duration of diabetes. We have added a sentence to the Methods (see page 7) to describe how our sample of patients was drawn from across a range of well-established and new DAFNE centres. This was to ensure that we had included patients who had attended courses in both types of centre and to explore (and rule out) whether centre effects had any impact on patients’ need for support. We have also added information (see table 1) about participants’ glycaemic control at baseline and 12 months. This shows that the patients in our sample were typical of DAFNE graduates in terms of achieving an improvement in glycaemic control post-course.
Results
I miss attention for how effectively the patients used this flexible intensive insulin treatment, how this changed over time, their difficulties with it (including aspects such as too time intensive, too much reminding patients of their having diabetes, and other emotional possible barriers). The attention is mainly focused (in the topic guide) on rational issues, such as support.

Response: Since our original submission we have had several articles published which examine the difficulties experienced by patients using flexible intensive insulin regimens and reasons underpinning glycaemic drift after attending structured education programmes. In our revised article we have now cross-referenced these papers in the Background (see page 6) so that readers who are particularly interested in the types of issue raised by the reviewer can explore this complementary body of work. Our paper focusses specifically on patients’ support needs because, as described in the Background, this is a very under-researched area and one which needs to be undertaken to inform health policy and future service developments.

The strength of the study, longitudinal design, is little exploited hardly addressed in the analysis. How did support needs change, and how did this happen in relation to intensive use of this treatment mode, and in relation to (lack of) support? Did any patients stop using this treatment mode?

Response: As we explain on page 10, paragraph 2, patients’ six and 12 month accounts were similar and this is reflected in the ways in which we go on to report our findings. We have added in a further sentence in the strengths and limitations section which reflects on this issue and makes the suggestion that future studies explore patients’ accounts of support at an earlier point in time.

Minor issues
there are still some typo’s in the text.

Response: We have carefully re-read the manuscript and corrected several typos.