Author's response to reviews

Title: What do we know about who does and does not attend general health checks? Findings from a narrative scoping review

Authors:

Ruth Dryden (R.Dryden@dundee.ac.uk)
Brian Williams (brian.williams@stir.ac.uk)
Colin McCowan (c.mccowan@dundee.ac.uk)
Markus Themessel-Huber (m.themesslhuber@dundee.ac.uk)

Version: 4 Date: 10 August 2012

Author's response to reviews: see over
What do we know about who does and does not attend general health checks?
Findings from a narrative scoping review

Dear Editor,

Many thanks for the reviewers’ helpful comments and the opportunity to address these. We have examined these in detail and addressed all points. We now believe the paper to have significantly improved. We have detailed our responses below and would be happy to make any further changes if requested.

Reviewer 1
The question posed is clear and straightforward. However, without reading the specific 33 articles from which this review is derived, it would seem difficult to ascertain clear answers to their question because varying methodologies would have been used across studies. The data is sound despite what is thinly available from the studies.

Response: In order to provide the readers with more information about the studies, we propose including a table which summarises the methods and findings of each of the reviewed articles (Table 4).

In addition, we identified a typo in the text and there were actually 39 papers reviewed: References 20-58. This has been updated in the text and in Figure 1.

The authors identify limitations pertaining to their search strategy. They do not however discuss how they could have enlarged their review pool by expanding the inclusion criteria.

Response: We have highlighted the narrower purpose of this initial scoping review and the trade-off between sensitivity and specificity in the search strategy:

“Like all reviews we cannot guarantee that studies have not been missed. However, our emphasis was on sensitivity over specificity resulting in almost 18,000 papers being examined by members of the team. We therefore believe that it is likely that few papers were missed. The purpose of the review was to identify sufficient studies across diverse contexts to inform the theoretical and practical development of future interventions to improve uptake of health checks.”

However, we do agree that the purpose and benefit of a scoping review is to facilitate an assessment of the likely future benefit and feasibility of conducting further reviews – this may include a broadening of inclusion criteria. We have therefore added the following to our section on limitations:

“There may have been benefits from loosening inclusion criteria to include both geriatric health checks and non-developed countries. Such diversity could potentially lead to sufficient numbers of papers with common
interventions or populations as to justify a number of meta-analyses of
effectiveness or meta-regression of predictors of uptake. While the scoping
nature of this study precluded such an approach for pragmatic reasons we
have demonstrated that such a review may be feasible and desirable in the
future."

Reviewer 2

This paper should be published largely unchanged other than to expand on the
comment the authors made that “ethnicity was only reported in a small proportion of
the studies.” How small was that proportion?

Response: We have examined the paper and agree that this was not included. We
have now included the following in the main body:

“Ethnicity was reported in seven of the 39 papers.”

Also could the 33 studies be categorised according to country of origin? I would
imagine that the proportion of studies reporting “those least likely to attend health
checks were men on low incomes, low socio-economic status, unemployed or less
well educated” would vary across the English speaking countries studied. This across-
country variation might shed some light as to why poor men miss out health checks!

Response: We have included a breakdown of the countries of origin of the studies
in the limitations section alongside the new paragraph about the potential for
meta-analyses to ascertain predictors of uptake.

“The majority of studies came from North America (n = 13) and Europe (n =
24), and the remaining two papers were from Israel and Taiwan. There may
have been benefits from loosening inclusion criteria to include both geriatric
health checks and non-developed countries. Such diversity could potentially
lead to sufficient numbers of papers with common interventions or
populations as to justify a number of meta-analyses of effectiveness or meta-
regression of predictors of uptake. While the scoping nature of this study
precluded such an approach for pragmatic reasons we have demonstrated
that such a review may be feasible and desirable in the future.”

In addition, we believe that the inclusion of Table 4 will increase clarity by
providing context to the review findings.

We have amended the manuscript to address these points and hope that this is
acceptable.

Thank you,
Ruth Dryden (PhD student) and Prof Brian Williams