Author's response to reviews

Title: Community Pharmacists Role in Obesity Treatment in Kuwait: A cross-sectional Study

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Author's response to reviews: see over
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Re: MS: 3912957207368238- Community Pharmacists Role in Obesity Treatment in Kuwait: A cross-sectional Study

Dear Dr. Adams,

We thank you and the reviewers for the comments.

We meticulously revised the manuscript in the light of the editor and reviewers’ comments.

Included are:
1. Response to the editor and each of the reviewer’s comments with indication of changes made in the manuscript.
2. Revised manuscript.

I hope our revision satisfies the reviewers and look forward to hearing from you soon.

Yours sincerely,

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Editor

1. The authors' qualifications (e.g. PhD / MD) or job titles were removed from the manuscript file.
2. The quality of written English was revised and improved.
3. The manuscript was revised to conform to the journal style.

Reviewer: Janet Krska

Major compulsory revisions

1. Abstract needs substantial further revision as follows, then the author needs to ensure it fits the required word count:
   
   a. Include mention of Kuwait in abstract Background
      
      “Kuwait” was mentioned in the abstract (page 2, paragraph 1, line 1)
   
   b. Include distribution method and explanation of how Likert scales were analysed in method. (see later comment)
      
      The word count limitation of the abstract would not allow us to include the distribution method. However; the explanation of how Likert scales were analysed and presented was included (page 2, paragraph 2, lines 7-9).
   
   c. Remove reference to ‘strategies to overcome barriers’ from abstract Background and methods, as no results are presented on this.
      
      It was removed from background and methods (page 2, paragraphs 1 and 2).
   
   d. Remove mention of ‘correlation’ from the abstract Discussion or include the finding in results.
      
      The findings of the correlation analysis was moved to the results section (page 3, paragraph 1, lines 4-6). Correlational analysis was included in the abstract methods (page 2, paragraph 2, line 7).
   
   e. Remove reference to similarities and differences between Kuwait and developed countries or include mention of developed countries in the abstract Background.
      
      “Developed countries” was included in the background (page2, paragraph 1, line 4).

2. The authors have attempted to explain the sample size calculation, but this not the issue. The point is that there is no logic to the underlying assumption that there would be any difference between male and female pharmacists in any outcome. Hence the sample size calculation is still not appropriate in my view.
Gender was not used as a discriminating variable to assume that there would be any difference between male and female pharmacists in any outcome. It was mentioned as an example of a background variable for sample size calculation, but any other variables such as age and experience as practitioners could have been mentioned instead of gender.

3. The authors have used a 5-point Likert scale, which is of course categorical data. They have then assigned numbers to each category, in order to use parametric statistics on the resultant data. This is itself is questionable, but they also have not stated what these numbers were anywhere in the script. Hence the reader is left to try and work out for themselves that scores ranges from 1 to 5, but what scored 1 and what scored 5?

These numbers (Likert Scale rating) were stated in the tables 2, 3 and 5 (pages 28, 29 and 31). They were also included in the methods (page 8, lines 8-13 and 17-21). A description was provided in the abstract results before each mean Likert scale rating e.g., “The overall mean (SD) responses indicated that pharmacists counseled obese patients sometimes to most of the time, 3.67 (1.19) and were neutral to comfortable with counseling about aspects of obesity management, 3.77 (1.19)”. Furthermore, more clarifications were included in the abstract methods (page 2, paragraph 2, lines 7-9).

4. The authors state they have used correlational analysis to assess the relationship between counselling frequency and perceived effectiveness/confidence. They do not state what method they have used. Given that the data are categorical, they should use Spearman’s r and this should be stated.

“Spearman’s r” was stated in the methods (page 2, paragraph 2, line 7 and page 9, paragraph 2, line 7).

Discretionary revisions

1. The conclusion is improved, but I think it would also be enhance further by referring back to the (to me, astonishing, but true) figure of 80% of women being overweight/obese, hence the greater need for pharmacist involvement in helping to tackle this problem in Kuwait, than in many other developed countries where it is already happening. This is I think what the Conclusion in the abstract needs to say as well.

It was included in the conclusion (page 19, paragraph 3, lines 4-7).
Reviewer: Anita Weidmann

Minor essential revisions

1. The presentation of the results is still unclear. It states that the results are presented as mean (SD). Out of 220 community pharmacies included the study claims to have had a 93% response rate. Yet in the text it states e.g. “the overall mean (SD) responses indicated that pharmacists counseled obese patients sometimes to most of the time, 3.67 (1.19) and …..” – What figures do the 3.67 (1.19) refer to? If it is the mean (3.67) and SD (1.19) the average response rate must have been extremely low which does not tally with the 93% response rate stated above. The fact that this is ordinal data and presents the mean Likert scale rating should be clarified.

The figures 3.67 (1.19) refer to the mean (SD) of the Likert scale rating. They don’t reflect anything related to the number of respondents (i.e., response rate). For example, if half of the respondents (103 pharmacists) indicated that they never counseled (never (number =1) and the other half (103 pharmacists) indicated that they rarely counseled (rarely (number =2), the mean (SD) is 1.5 (0.5). It was clarified that the data is presented as mean(SD) Likert scale rating in the abstract methods (page 2, paragraph 2, lines 8-9) and in the methods (page 9, paragraph 2, lines 2-3).

2. The conclusion states that “mean responses of counseling obese patients by pharmacists were positively correlated with their perceived comfort with counseling and perceived effectiveness of obesity management aspects” – however the method section does not make it clear that a statistical correlation test (r) has been carried out to substantiate this conclusion. Add to the method section.

“Statistical correlational analysis (Spearman’s r)” was stated in the abstract (page 2, paragraph 2, line 7) and methods (page 9, paragraph 2, line 7).