Author’s response to reviews

Title: Health promotion interventions for increasing stroke awareness in ethnic minorities: a systematic review of the literature

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Author's response to reviews: see over
Cover letter – description of the changes made, according to the reviewer’s requests

Title: Health promotion interventions for increasing stroke awareness in ethnic minorities: a systematic review of the literature

We are grateful for the opportunity to revise our article and for the constructive feedback and suggestions from the reviewer which has allowed us to improve and clarify the structure and content as described in detail below.

A. Major Compulsory Revisions

1. Despite being a review article, the referencing is poor. Large parts of the results section discuss findings from the reviewed papers, but do not provide a corresponding reference number. This makes it difficult to read and impossible to confirm that the interpretation of the studies is correct.

*We added references to specific studies to support the results, as requested, throughout the results section.*

2. Similarly, the grammar and phrasing of many parts could be improved. In particular, the use of terms such as “several”, “the literature”, “different channels and strategies”, “the majority of studies”, “about half”, “slightly more than half” and “occasionally” are very vague and should be specific and give the appropriate reference. Given that only 15 studies were included in the review, discussing the details of individual studies would be both informative and achievable.

*All the mentioned, vague expressions have been changed with specific references to the literature, and citation of the relevant articles, or (where not directly relevant) they have been deleted.*

3. The tables are poorly organized and hard to read. A landscape format may work better. There are parts of the tables where large bodies of text/sentences are written (eg Table 2 ‘population size’, Table 3 ‘intervention type’, Table 4 ‘cultural adaptation’). These would be more clearly presented in summary form or bullet point rather than just quoting text.

*As suggested, all the tables have been converted to landscape format, thus improving readability. Column “population size” in table 2 has been summarized by leaving only the total number and a label “large”, “medium” or “small”, as specified in the text. All other columns containing long text have been either summarized or presented through bullet points, or both.*
4. The Conclusions section (both in the abstract and the main text) is a discussion rather than a conclusion based on the authors’ review. Much of the text could be put in a subsection discussing gaps in knowledge/suggested areas for further research. This would allow the Conclusion to be more succinct and meaningful.

Following the suggestion, both the abstract and the main text have been reorganized. The conclusion has been summarized, and linked to the research questions. Most of the text has been moved to a subsection of the Discussion “Implications for further research”.

5. The subheadings in the Results section are confusing. For example, why was ‘the role of social networks and social support’ used when “no intervention was aimed at specific social networks within communities”? Likewise, what does “The importance of experiential education” mean, and why does it sit between the social network paragraph and the outcomes and study design paragraph? A review of the literature would be much more understandable if there was a consistent theme developing throughout rather than jumping from an overall discussion of the studies and methods to specific types of intervention and back to methodological considerations. If the authors grouped related paragraphs together with more informative subheadings the reading of the article would be improved.

As requested, the order of paragraph has been changed, and the subheadings have now more detailed and informative labels. The more methodologically-related results, concerning populations, study design and outcomes are now the first two subheadings.

The subsections concerning the characteristics of interventions are now more granular, and the subheadings are more clearly described and detailed. In particular, the subheading “the role of social networks and social support” was dropped. “The importance of experiential education” was changed to “Educational strategies”.

The table numbers have been changed accordingly.

B. Minor Essential Revisions

1. The opening sentence of the abstract is misleading. Stroke is a considerable burden to all affected individuals, but it is perhaps more significant amongst minority groups (see Chen et al, Stoke 2013) potentially due to poorer awareness.

The sentence has been rephrased as:

“Stroke places a significant burden to all affected individuals, but it is perhaps more significant amongst members of black, minority and ethnic communities, who may experience poorer awareness of stroke symptoms than the general population”.
2. What are the “mix of professional roles” alluded to in the Results paragraph of the abstract?

The expression has been changed to “nurses, other health professionals or volunteers”.

3. There are many long sentences and some of the phrasing is written as if for prose rather than for a scientific article. For example; “when an ischaemic stroke occurs, the medical emergency service must be contacted immediately, in order to take a patient to the nearest stroke unit, where recombinant tissue plasminogen activator (rtPA) thrombolysis must be performed within three hours from the onset of symptoms to be effective” (Background section) could be rewritten as follows: “Current evidence based management of stroke involves rtPA thrombolysis within three hours from onset (Reference). It is thus imperative that symptoms are recognized early to allow prompt admission to the nearest stroke unit. There are other examples throughout the review, which the authors should amend in a similar manner.

The whole text has been revised so that now no phrase is longer than three lines. Where ever appropriate, sentences have been edited for scientific style, clarity and brevity.

4. There is inconsistency in some terms eg prehospital versus pre-hospital. The authors should choose one term and stick with it throughout.

As suggested, where terms are inconsistent this has been corrected. For this example, all cases have been consistently changed to “Pre-hospital”.

5. EMS is abbreviated before it is defined and FAST is not defined at all.

EMS has now been defined before its first abbreviation. The meaning of FAST, too long to be expanded inline, has been explained in a specific footnote.

6. “(...)” appears throughout the text and tables. What does this mean, or what information is missing?

By summarizing the text in the tables, as suggested, all occurrences of (...) have been deleted.
7. What is ‘the appropriate response in BME communities”? (Background section)

For all three occurrences of the expression in the text, the explanation “(i.e., calling EMS)” has been added as clarification.

METHODS

8. The opening sentence of Methods is illogical. How can the authors establish that no recent literature reviews exist without undertaking a systematic review of the literature first? Suggest this sentence is deleted or altered.

The phrase has been changed as suggested to “To answer our research questions”.

9. The Methods section includes a discussion about what is meant by a systemic review. This information is unnecessary given that the readership should be more than familiar with this terminology.

The discussion has been removed as suggested.

10. If the term “best published evidence” is to be used, the authors need to outline how they decided upon this. Was it group consensus, methodologically based, etc?

We have replaced with “Relevant published evidence” as a clearer description since no filter was applied according to the study design.

11. The PRISMA checklist is Figure 1, not Table 1.

“Table 1” after the number of citation refers to the checklist, that is published as Table 1 in “46. Moher D, Liberati A, Tetzlaff J, Altman DG: Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. J Clin Epidemiol 2009, 62:1006–12.”. However, we removed the table number, since it seemed misleading.

12. On what basis do the authors classify the databases used as the “four most important”?
The mention of the importance of the four databases has been removed, as although they are the most frequently used sources of medical literature, we agree that the definition of “important” is subjective.

13. Table 1 is redundant as the information within it is better described in the text.

We understand that the text describes the search strategy in detail. However, we think that it is useful to report the whole search strategy in a table with the exact terms, so that it can be repeated in further studies. We are happy for a final decision on its inclusion to be made by the editor.

14. Define the term ‘health champions’.

The term has now been defined on its first occurrence on page 8 “(i.e. community members trained in health promotion)”.

15. Why were only articles published in peer-reviewed journals chosen? The rationale is not clear.

An explanation of the rationale has been added, as requested, on page 9, “we only included refereed articles since they usually represent the most updated and highest-quality literature on health promotion, in comparison to other scientific contributions (e.g.: books, conference proceedings, dissertations, etc.)”.

16. MS is not defined, and Excel and Endnote do not usually need to be referenced in the bibliography, but rather the manufacturer outlined in the text.

MS has been expanded to “Microsoft”. The manufacturers have been included in the text and the references deleted, as requested.

17. The first paragraph of ‘Data analysis and synthesis’ should be summarized. Additionally if terms like ‘coding’ are used, there should be a description of code categories.
The paragraph has been summarized as suggested, and the term “coding” was deleted as it mainly referred to “categories” of content.

18. The authors mention ‘in-depth reading.’ This term should not be used, or the definition of in-depth should be included along with why it is different to ‘normal’ reading.

_The expression has been dropped and the sentence changed accordingly (“reading the full text of the articles”)._

RESULTs

19. The first part of the Results is a description of Methods and should be placed in the appropriate section.

_This part has been moved to a section named “search results”, which now concludes the methods section._

20. Section 0 is alluded to in ‘Study populations’, but there does not appear to be such a section.

_This incorrect reference to a “Section 0” has been deleted._

21. ‘Unsurprisingly’ is a weak word. Some readers may find the facts surprising.

_The sentences containing this expression have been revised and the word has been deleted._

22. The authors use ‘Finally’ several times. In one section, it is used twice within the same paragraph. More judicious use of the word is suggested.

_The usage of “finally” has been reduced with non-essential examples of its use deleted, as suggested._

23. The authors should specify what ‘single sessions’ involve (Interventions section)
The expression has been changed to clarify the meaning, and it now reads “Interventions administered in a single session of information and advice”.

24. Although 53% is over half, calling it a ‘majority’ is a little misleading. (Interventions section)

We agree with the reviewers and the expression “a majority” has been deleted.

25. The authors should clarify the phrase “often only in passing” (The role of social networks...section)

The expression has been deleted, as it was considered unnecessary.

26. Figure 1 legend should be expanded to define PRISMA.

The legend has been expanded as requested.

27. Table 3 and 4 should have more informative titles (rather than including additional numbers), or a description of why the main characteristics were divided in the chosen manner.

More informative titles have been added, as requested.

28. Table 5 should specify what is meant by ‘effectiveness’.

The following explanation was added as a footnote: “Effectiveness of an intervention refers to its ability to improve the knowledge of stroke symptoms and the intention to call 999 in target populations”.

Quality of written English: Needs some language corrections before being Published – The revised manuscript has been edited and proof read