Reviewer's report

Title: Exploring the information and support needs of patients self-managing community acquired pneumonia at home

Version: 1 Date: 11 March 2008

Reviewer: Kirsty Buisin

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Review

Information and support needs of patients self managing CAP at home

This paper addresses an important area. The methods are appropriate and the interpretation generally appears sound.

I did not detect any major problems with the paper, these comments describe minor essential changes and some discretionary suggestions to strengthen the paper.

Abstract – “Text for this section of the abstract” – this needs to be deleted

The second issue in the conclusion of the abstract is confusing and does not reflect the data presented in the paper. Stating that low risk patients should receive oral therapy if admitted to hospital is not an appropriate conclusion to draw based on this data. The last sentence should be removed.

The authors are ‘taking for granted’ that the patients had low risk CAP. We know that the initial diagnosis of CAP is often incorrect. More information should be provided about the inclusion and exclusion criteria used or this study. Who diagnosed the patient as having CAP. Were any particular criteria applied (eg did the researchers confirm that all patients had CXR infiltrates). What were the exclusion criteria – eg were immunosuppressed patients excluded from the study? What about patients with chronic suppurative lung diseases? Did you check that the patient had not recently been hospitalised to exclude nosocomial cases. Did you only consider patients who had been admitted for 3 days or less.

Did the inclusion criteria specify that all patients had a CURB65 score of 0 or 1 to be considered ‘low risk’. The authors seem to slip between CURB65 and CURB – which one was used. Was the PSI class of these patients known.

I presume you only recruited patients from Mon – Fri during working hours, this should be stated. [patients seen at weekends or overnight might get even less information than those you studied]

Did you exclude any patients requiring inpatient care for co-morbidities e.g. concurrent unstable diabetes or cardiac failure etc
The statement that CURB65 0 or 1 patients could be treated at home should be re-worded to say ‘some of’ or ‘many of’ these patients can be treated at home – We know that some these patients cannot be safely be treated at home. Severity scores are not perfect [we still see CURB65 0 or 1 patients going to ICU].

I think that the methods section should describe what you set out to do, and the results should say what actually happened. Therefore, the methods section should say that you recruited patients from the A&E or assessment units who had been admitted for 3 days or less – (I assume this was a cut off ). In the results you should then describe that none of the same day admission patients were recruited.

Results – age should be reported as median not mean

We need some data to demonstrate how well the recruited patients reflected your general patient population. I would like to know how many patients with CAP who stayed 3 days or less came through the department in the study period (to give some idea of how many declined participation). If possible, you should describe the median age and sex distribution of those not recruited so we can compare them to those recruited – how well does your sample reflect the population seen. Do you know how many were excluded based on non English speaking status - do these patients constitute a large proportion of patients seen at your hospital?

Rather than ‘most’ I’d like to know how many lived with their spouse.

I’d like more information on what you mean by pre-existing long term conditions – this is too vague. Do you mean chronic respiratory illnesses? Do you mean any medical problem – could you provide some examples e.g. diabetes, cardiac failure.

Do you know how many had previously had pneumonia

Do you know how many had ever been hospitalised before

You need to define GP and NHS24

We need more information about the setting – were these tertiary hospitals, teaching hospitals, public or private hospitals

Could you explain whether in Scotland all patients usually have access to GP s – did these patients all have regular GPs

Do you know what follow up was in place for these patients – did they leave hospital with a discharge letter for a GP. How many had outpatient appointments made at the hospital. Is it common practice to fax notification of A&E presentation and a discharge summary to GPs

Could you tell us how many actually saw a GP and how soon after discharge

Do you know how many required supplementary oxygen – clearly this does determine whether home care is a practical possibility or not
In general throughout the results I’d like more proportions provided if possible e.g. 10/15 patients reported that…. Rather than ‘most’ or ‘some’

Could you clearly tell us how many had IV therapy and how many had oral antibiotic therapy

In the section – ‘Information needs of patients’ the use of referencing is not appropriate. Rather than use a numbered reference in the middle of a sentence, the authors name could be used

eg: “Smith et al demonstrated that… [18]”

rather than

“[18] showed that….,”

In your figure, an important omission seems to be information about what symptoms or signs should prompt representation to hospital. Patients initially assessed as low risk can deteriorate, and patients need to know that new clinical features might require re-assessment.

**What next?:** Accept after discretionary revisions

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that i have no competing interests