Reviewer's report

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

Version: 1 Date: 15 April 2008

Reviewer: Dee Mangin

Reviewer's report:

This is an important area for study. Eliciting patients experiences, needs and views around increasing moves towards community treatment of a range of conditions is an important area, particularly in conditions that are perceived to be serious such as pneumonia. I have made some suggestions below that I hope will be helpful in improving the paper.

- Major Compulsory Revisions

1. The abstract background section is incomplete and the aim of the study needs including.

2. The biggest difficulty for the authors is that the group interviewed are not the ideal sample for the questions posed. All had spent 2-3 days in hospital prior to discharge home. This difficulty does not reflect a design fault, but simply the logistical difficulty of trying to recruit via an ED. It also does not mean the data is not a useful addition to the literature, but relating the conclusions and recommendations needs to be more clearly set in the context of the participants actually interviewed. This could take the form of a ‘lessons to be learned from patients experiences of early discharge with CAP: implications for treatment without admission’ approach. The lack of assessment of the views of location of care of those who had been assessed at hospital but went home directly from the hospital needs to be more explicitly acknowledged. It is difficult to elicit views of a particular pathway of care from those who have not experienced it. These interviews canvass views of post hospital care rather than outpatient care without admission. Might the information given on discharge from the ED different to that for patients leaving a ward for example?

In a RCT of home vs hospital treatment for CAP CURB Age score 0-2, we found that those who have experienced home care after having been assessed and then sent home directly from the ED have a greater preference for home care than those in hospital who have not experienced it. This was despite the use of IV antibiotics in both arms.


3. More detailed description of how the themes were canvassed as part of the semi structured interview should be included.
4. It would be usual to validate the analysis by checking the analysis of each transcript with the interviewee. If this was done it should be described.

5. The scientific basis for the recommendation about avoiding IV therapy can be reinforced but should not be overstated on the basis of the data. While it is possible that IV therapy changed location of treatment preference, there might be other confounding reasons why these patients preferred hospital that are related to the reasons why IV Abs were given in the first place. There is a scientific basis for recommending oral antibiotics at the outset. The interpretation of this qualitative study can support or suggest but does not have predictive value.

- Minor Essential Revisions

6. P12 “we think’ would read better as ‘it is possible that…”'

7. p17 it is not clear who ‘community staff’ are – is this the patients usual primary care team? P18 it is not clear who ‘practitioners’ are – is this medical practitioners, nurse practitioners primary and/or secondary care?

8. In the references to the literature there are a number of sentences that use reference numbers as part of the text. This is not standard and makes it harder to read(eg ‘[11] highlighted that a locally…”’) It would read more smoothly as ‘Smith and Harmon highlighted…”’ or a US study in 2002 highlighted… ‘ or something similar.

- Discretionary Revisions

9. The authors refer to the range of participant characteristics in their purposive sample but do not comment on similarities and differences with regard to these characteristics in the analysis and results. (Age sex, comorbid conditions including long term respiratory conditions) Some comments on any similarities and differences in views would be interesting to readers.

Level of interest: An article whose findings are important to those with closely related research interests

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.