July 25, 2002

Dr. Clare Collett, PhD
Assistant Editor
BioMed Central

Re: Systematic Assessment of the Quality of Osteoporosis Guidelines

Dear Dr. Collett:

I would like to thank you and both reviewers for their valuable suggestions and the opportunity to resubmit the manuscript with changes. I am enclosing our responses to the reviewers’ comments and the revised manuscript for your consideration.

Sincerely,

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Response to Reviewer #1:

1. *It is not explicitly stated in the manuscript why the 1998 cut-off was chosen for guidelines selection.* We wanted to restrict our review to 1998-2001 since we planned to include the most recent guidelines. Since 1997, there have been a number of new osteoporosis therapies and we wanted to include guidelines that would have reviewed recent randomized trials of these therapies.
2. (RE: lower intraclass correlation coefficient for D2) The lack of rater agreement on the content or D2 would be expected given that the questions relate to clinical issues and a rheumatologist, geriatrician, clinical biochemist and physiotherapist/methodologist might be expected to appropriately have different perspectives.

3. We agree that a potential limitation of the guideline process is that very few guidelines encourage patient input and have highlighted this in the discussion on page 9. Potential benefits of including patients in the guideline development process include incorporation of priority setting from the patient perspective, improved adherence with recommendations, and reinforcement of the shared decision-making process.

4. We have added a sentence to the discussion why guideline developers neglect the application of guideline development (page 8). “Clinical practice guideline developers are usually clinicians, or methodologists who have little or no training in the behavioral and organization sciences. Tremendous time and effort are devoted to the development of evidence-based guidelines and the dissemination and implementation are often considered to be a separate component which has only recently thought to be the jurisdiction of the CPG developers.”

Response to Reviewer #2:

1. The title of the paper and wording throughout the paper has been changed to “Systematic assessment of the quality of clinical guidelines”.

2. We have re-worded the statement that clinical applicability is higher to: although their scores with respect to clinical content were higher.

3. We have clarified the inclusion criteria in the paper on page 4. The inclusion criteria included those that included clinical recommendations, used a group process and had a relevant bibliography.

4. The inclusion criteria have been added to the paper (see above).

5. Not all guidelines had information available on background information and we did attempt to contact the authors for further details (page 5).

6. Although Reference 17 uses the word review in the title, it satisfied our inclusion criteria.

7. A subsection in the methods for data analysis has been added, giving details of the analysis (page 6).
8. We have toned down the first sentence of paragraph 2 page 7, in relationship to the results for internal consistency.

9. The sentence … Eighteen of the 21 guidelines has been moved to the beginning of the results section.

10. The statistical test used to analyze the difference in mean quality for the different variables was the Mann-Whitney and this has been added to the section on Analysis.

11. The last section of the first sentence has been reworded, similar to point 2.

12. We have added a sentence outlining why patient involvement in the guideline process is important on page 9.

“Potential benefits of including patients in the guideline development process include incorporation of priority setting from the patient perspective, improved adherence with recommendations, and reinforcement of the shared decision-making process”.

13. A sentence has been added about the difficulties involved in searching for guidelines on page 8.

14. The last paragraph of the discussion has been altered to include a statement that the methodological quality of guidelines is a prerequisite to good guidelines but does not ensure improvements in clinical practice or outcomes. In addition research methodologies on the impact of evidence based guidelines in clinical practice would be valuable (page 9).

15. Reference 21 – We have clarified the URL address. The website is www.doh.gov.uk and then a search for osteoporosis guidelines retrieves this guideline. We have included the dates accessed for those guidelines retrieved from the web.

16. We did include the published guideline by the Royal College of Physicians 1999 (Reference 4). An update of this guideline (2001) is available on the website and we have added this to reference 4. We used the published 1999 RCP report since the background methodology was more detailed.