Author's response to reviews

Title: Problems and needs for improving primary care of osteoarthritis patients: the views of patients, general practitioners and practice nurses.

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Author's response to reviews: see over
General comment

First of all we would like to thank the reviewers, Dr. Catherine MacLean and Dr. Peter Croft for spending their time on our paper. Both have published a lot about our research topic, so that we really feel honoured to receive their comments to improve our paper.

Both reviewers stated that we should more focus on certain topics/results. We completely agree to this. Our intention to provide information about every topic of the performed interviews was definitely too ambitious and obstructed the view on the most important results. We tried to follow the suggestions thoroughly and to increase structure and significance of our paper. As required, we defined a set of (three) content domains and added quantitative information in tables. We rearranged the paper completely.

Statement to the review of Dr. Peter Croft

General: We are delighted about the general comment. As the reviewer assumed, the interviews took place in Germany. We added this information in the methods section.

Statement to the “Major Compulsory Revisions”:

1. The reviewer criticizes that the paper is not sure weather it is qualitative or quantitative, since several quantitative statements were made. Of course it was a qualitative study. This design was chosen because we intend to get ideas how to improve the care of osteoarthritis patients and to reveal possible barriers. However, we completely agree to the reviewer that the focus has to be on qualitative results. We therefore skipped some of the words as “Most of” or “all patients”. In some cases we added “of our study sample” when we intend to strengthen that all persons agreed. The recommendations of Dr. Croft are contrary to Dr. MacLean: she stated that we should quantitate our findings. We agree with her that – even the focus is on qualitative results- it provides additional information to mention figures or percentages. Therefore we added three tables to provide quantitative information. We display now how many of the interviewed persons stated on a certain topic and how often this topic was mentioned.

2. We agree again with the reviewers. Both stated that the paper has to be more focused on certain topics. (Please see also general comment) We skipped the section about the relevance of evidence. Even this provides interesting insights, it is not important for the primary target: getting information about possible targets to improve care.

3. As it is the aim of qualitative research, our aim was to generate ideas and hypothesis how to improve care of OA patients. Therefore we were not guided by a concept as suggested by the reviewer. But as already mentioned we agree that our results have to have a conceptual frame. (We were not sure if this was also meant by the reviewer). We hope this is now visible in the revised version. As suggested we focused in the “diagnosis” domain on the finding regarding the influence of x-ray findings on the treatment plan, while
this is an important finding, especially regarding the fact that in Germany annual x-rays are performed more than in any other country.

Comments to Dr. MacLeane

General comment:

We appreciate that the reviewer has exactly recognised the aim of our study and agrees to the methodological approach. The limitations due to the sample size have to be recognised. We mentioned this in the discussion section.

1. As required we shortened the paper, focused on three domains and described the results of each group in the specific domain. We also added tables referring to these domains. We added figures about the amount of persons of each interview group who stated on the category. We also added a figure to display how often this topic was mentioned altogether. (If for instance a person stated several times during the interview on a certain domain, the figures were added. Therefore the number can exceed 20). The ATLAS.ti –Software enables this quantitative analysis which may add some information to the paper.

2. Please see comment 2 above.

3. Of course the reported opinions are selected by the authors because it is impossible to mention all statements. The “guide” in choosing the statements was the aim of our study, which was also reflected in our questions: What problems do exist, how they could be overcome and what suggestions are provided. Maybe the added table clarifies this sufficiently.

4. We clarified that the statements reflect individual opinions, and that e.g. self reported behaviour must not correctly reflect the real behaviour or does not reflect the reality (for instance the mentioned problems to distinguish between periarticular and articular source of pain)

5. We restated the conclusions and adopted the recommended statements in the discussion section.

The authors spent a lot of time on the revision of the paper. We are now optimistic that in reflecting the reviewers’ suggestions, the quality of our paper increased tremendously. While we are convinced that our extensive study provides important information to increase patient’s care, we are looking forward to revise our paper again, if the reviewers require further work on it.

On behalf of the authors,

Thomas Rosemann