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

Authors:

Thomas TR Rosemann (thomas_rosemann@med.uni-heidelberg.de)
Michel MW Wensing (michel_wensing@med.uni-heidelberg.de)
Thorsten TK Koerner (thorsten_koerner@med.uni-heidelberg.de)
Matthias MB Backenstrass (matthias_backenstrass@med.uni-heidelberg.de)
Katharina KJ Joest (katharina_joest@med.uni-heidelberg.de)
Szecsenyi JS Joachim (joachim_szecsenyi@med.uni-heidelberg.de)

Version: 3 Date: 9 February 2006

Author's response to reviews: see over
Statement to reviewers' comments

Statement to Dr. Peter Croft

1. As mentioned by the reviewer, we used throughout the paper only the term “osteoarthritis” instead of “arthritis”. As recognized by the reviewer it was not our intention to reveal a conceptual basis of “osteoarthritis” in primary care. (But we agree completely to the reviewer that this would be an interesting question). We hop we have clarified this in our paper sufficiently.

2. We tightened the abstract and background section. Again we structured the paper e.g. by using the term “practice nurse” throughout the whole paper, since physician assistants and practice nurse may have different meanings in some health care settings. (In Germany only one kind of assistance exists in practices).

Comments to the review of Dr. Maclean
(we would like to apologize the wrong spelling of the name in our first statement !!)

1. We tightened the abstract and clarified the statement that diagnosing OA poses no major problem for GPs. We tried to stress that there is a difference in diagnosing where in case of doubt an x-ray is performed and the situation after the diagnostic procedure is finished and the patient returns with complaints: then it is often difficult to assess the contribution of e.g. depressed mood.

2. We thoroughly read the manuscript if statements are provided which could not be supported by the data. We therefore involved a colleague (C. Mahler) who has a lot of experience especially with presenting qualitative results. We are convinced that the statements now made are all supported by the data.

3. Regarding NSAIDs, we completely agree to the statement of the referee that the conclusion out of the findings is not only to emphasize positive effects of these drugs, but also (or merely) to emphasize that GPs should consider Paracetamol first. This was definitely an (important) oversight that needed to be corrected.

4. The only aspect were we do not completely agree with Dr. Mac Lean is the statement regarding the quantification of results (especially when describing them in the text). We tried to solve this problem by renaming the sections in the text (exactly as mentioned in the tables) and therefore enabling a closer linkage to the tables 2-4 where the data are presented in a quantitative way.

General: We again corrected multiple language weaknesses.

Since we are convinced that our results contribute to the understanding of OA in primary care, we would be glad, if the reviewers regard their suggestions satisfyingly addressed. We are convinced that their comments helped to increase the quality of the paper tremendously by structuring the results and helping to clarify the drawn
conclusions. We are really thankful for that. Of course we will provide further changes if required.

On behalf of all authors,

Thomas Rosemann