Author's response to reviews

Title: Reducing resistance to treatment, through group intervention, improves clinical measurements in patients with type 2 diabetes.

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Author's response to reviews:

December 5, 2013

Dr Elizabeth Beverly
Editor in chief
BMC Endocrine Disorders.

Dear Editor,


We thank you for reviewing our manuscript. The reviewers’ comments were very helpful in improving our paper.

Herby, please find our answers to these comments. All changes that were made in the manuscript are marked with yellow.

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Editor's Comments:

Reviewer 1 Comments:

This manuscript describes the effects of TPE on resistance to treatment. This is a relatively new area of interest in diabetes education research, so this study represents important new information. It was a well-designed study and is clearly presented.

Minor Essential Revision:

The case for resistance as an influencing mechanism needs to be strengthened.

In addition, the theoretical discussion was a bit confusing and was not linked well
with the rest of the paper. For example, the transtheoretical model was not well linked to either resistance or the empowerment-based intervention (which is not consistent with TTM) in either the introduction or discussion. More specifics about how resistance was addressed in the program are also needed. Done

Discretionary Revisions:

The abstract conclusion overstates the data. Resistance may partly explain the mechanisms by which TPE works. Other mechanisms were not studied and it is unlikely that there is one reason that is consistent for all patients. Done

Please clarify why self-efficacy was not measured as part of this study. Done

Many of the references are older. As one example, there are much newer references on TTM specific to diabetes, including a Cochrane review. New up to date references were added

Reviewer 2 Comments

The manuscript is interesting and provides tools aimed at improving health outcomes of patients with diabetes.

Discretionary Revisions:

I would recommend shedding more light on the Methodology, for example: how many patients were registered into the different TPE groups, how many of them consented and how many actually completed the questionnaires? For how many of them there were outcome indicators (e.g. blood pressure, HbA1C)? Done

I would be curious to know if there was an intrinsic "group empowerment" factor which would highlight the importance of a positive empowerment of some groups as opposed to others. This factor was not measured, so we can not adequately answer to this question

I would suggest minor editing (e.g. the use of semicolon and comma) Done.

Editor Comments

Major Essential Revision

The authors need to include a table of clinical measures collected at T1, T2, and T3. I recommend that the clinical measures be presented in the following categories: All participants, Group 1, Group 0. The authors should present means, standard deviations, and ranges. Additionally, the authors should conduct T-Tests (or Wilcoxon Two-Sample Tests) to determine differences by Group 1 and Group 0 for all clinical measures at T1, T2 and T3. Thank you for this advice. However, we tried to build such a table, but we found it very heavy with a lot of figures. The necessary information is presented in table 3. 
Lastly, the authors need to clearly label the tables (e.g., Table 1 and Table 2 do not define Group 1 and Group 0). Tables must stand alone separate from the text

Done

Minor Essential Revisions

The authors did not discuss the inclusion and exclusion criteria for the study. This information should be included in the Methods section. Did the authors exclude diabetes patients with a history of severe complications, severe psychopathology (e.g., schizophrenia, bipolar disorder, eating disorder), cognitive impairment or dementia, or recent alcohol or drug dependence to avoid confounds? A1C levels greater than 14.0% are often associated with psychopathology. The authors should address this point in the Methods and Limitations sections. There were not inclusion or exclusion criteria for this study. People with psychological disorders excluded themselves. This is explained in the manuscript

The mixed models should be adjusted for duration of type 2 diabetes, as this variable may be associated with resistance to treatment. We did not have this variable in our data

The authors cannot be certain that the diabetes group education caused the changes in resistance to treatment because this study did not include a control group. The lack of a control group must be included in the Limitations section.

Done

Discretionary Revision:

The authors should consider limiting the use of abbreviations throughout the manuscript, as they may be difficult for the reader to follow.

Done

The authors administered one questionnaire to patients. Additional validated questionnaires (e.g., diabetes attitudes, diabetes-related distress, diabetes self-efficacy, diabetes quality of life, diabetes self-care behaviors, physical and psychological functioning) would have yielded a stronger study design. Without data on other variables, the authors were not able to control for relevant factors. Please clarify why other validated questionnaires were not used in the study. Self efficacy is discussed. The other variables were not included in this study. There are endless variables that might have a confounding or modifying effects.

The authors need to discuss how the findings of this study inform future diabetes research. For example, the authors should discuss the need for randomized controlled trials assessing resistance to treatment (e.g., compare group versus individual diabetes education). Also, the authors should discuss recommendations for future group interventions that enhance patient empowerment via diabetes education and self-care behaviors.

Done

We thank you again and would appreciate your reconsideration.
Sincerely,
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Director of Clinical Quality
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