Author's response to reviews

Title: Provision of palliative care for chronic heart failure inpatients: how much do we need?

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Author's response to reviews: see over
Thank your for the reviewers’ helpful comments and for the invitation to revise and resubmit.

I am detailing all responses point by point.

Editorial comment
I have included the body and approval number with respect to ethics.

Have checked and amended referencing style.

Referee 1 comments
I have included the reference to fatigue prevalence by Daisy Janssen.

I have changed the % in the abstract results to have 1 decimal point.
I have also changed this in results.

Abstract has been revised so that manuscript refers to 45% or less vs greater than 45% ejection fraction.

This has also been corrected throughout the manuscript.

I have revised opening background sentence to reflect end-stage heart failure.

I have changed all % in manuscript (text and figures) to 1 decimal point.

I have inserted the % for those with no ECHO conducted into Figure 1.

I have standardised the decimal points in Figure 1.

In conclusion the % has been changed to the true 4.4%.

I have included the clinical diagnosis and palliative care need point prevalence in the abstract conclusion.

We agree that file review is likely to underestimate prevalence of palliative care problems and have strengthened this in the abstract and discussion.

We have added in the discussion the potential for further domains of palliative care to increase the prevalence of unmet need.

Any patient who was still under inpatient care 7 days after admission and present on the ward when the review was undertaken was included. This has been clarified in methods.
As patients were only defined as appropriate for palliative care 7-days post admission, those not deemed appropriate have a number of unresolved symptoms.

Table 1 has been inserted, showing the patient characteristics of all clinically diagnosed CHF patients and also according to whether they were appropriate for palliative care.

The discussion now has sub-headings.

I can confirm that the referral criteria in Figure 2 are generated from the larger multi-methods study. The data on previous admissions contributed directly from this study.

Referee 2 comments

No major compulsory revisions suggested.

Figure 2 referral criteria. We have moved the symptom-related criteria together and take the point that this is more useful. We have avoided terminology of “Class” and “Stage” since palliative care is patient rather than disease oriented. A strength of these criteria are that they have been debated at length between cardiology, care of the elderly and palliative care, and therefore represent the views of our clinical team in the light of the data. We offer these as our working criteria based on our studies to date and full welcome other tams/settings/countries revising as they see fit.

In the abstract results we have amended the data to state “≤45%”.