Author's response to reviews

Title: Decision aids for community service choices by carers of people with dementia: a mixed method evaluation

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Author's response to reviews: see over
To: Editor BMC Medical Informatics and Decision Making
11/11/11

Thank you for the opportunity to revise our paper, now titled “Decision aids for respite service choices by carers of people with dementia: development and pilot RCT” with a view to publication with your journal BMC Medical Informatics and Decision Making. The paper is based the development and trial of an innovative decision aid. We believe the aid is innovative and the reviewers both agree that this is an article of importance in its field. We believe the results suggest that decision aid development into this area could be beneficial for carers.

We were very pleased by the helpful reviews and have adopted all suggested changes – see response to reviewers. We look forward to your editorial response.

This study was funded by using operating grants from our own centre. We state:
1) That the authors have not entered into an agreement with the funding organization that has limited their ability to complete the research as planned and publish the results.
2) That the authors have had full control of all the primary data.
3) That the authors are willing to allow the journal to review their data if requested.

Yours Sincerely
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Response to Reviewers

Thank you for the detailed responses from the reviewers. We have considered these carefully and made revisions to the paper in the light of their comments. We believe that as a result the paper is much stronger and thank the reviewers for their thoughtful responses.

We list here changes we have made in response to reviewers’ suggestions:

Reviewer Ian Rothera:

1. We have addressed all the issues identified. In particular
   - Additional brief information about weigh scales (now page 5).
   - Key steps recommended by the Ottawa guidelines have been added (now page 6).
   - Additional information about the expert panel’s expertise can be found on page 6, but in order to maintain participant confidentiality as per our ethics agreement, specific titles and organisational details cannot be provided.
   - Further information about the convenience sample and the interviewer are provided on page 7.
   - Further information is provided on qualitative methods on page 7.
   - The iterative process of DA development is further explained on page 7.
   - The term GBDA has been deleted.
   - Further information has been provided about wait-listing the control group participants (page 11), timeline rationale for follow-up assessments (page 12), and reasons for non-uptake of the intervention (page 13).
   - We have identified that future studies would be advised to collect data on the severity of the dementia of the care-recipient on page 16.

2. Further details about the sample size are provided on page 10, including the recruitment target, the difficulties in recruitment. We also highlight that this pilot study aimed to establish procedures and effect sizes for planning a larger study.

3. We have restructured the paper as suggested by Reviewer Two, and believe that separating the DA development and trial helps the reader to be clearer about the
contents of the DA. Background information on pages 3 and 5 also direct the reader to the actions of Das. No further information has been provided about DAs as a result.

4. We agree that future studies would benefit from a qualitative interview. A discussion on the benefits of adding qualitative data collection into a future study has been added on page 16.

Reviewer Georgina Charlesworth

1. We have included a CONSORT diagram and have reviewed the CONSORT statement, clarifying the study hypothesis on page 10.

2. We have added numbers included in analysis to Tables 2, 3 and 4 and indicated our method of assigning final scores to missing data on page 13.

3. Comparative results are now all described in terms of lesser or greater.

4. The title has been changed to ‘Decision aids for respite service choices by carers of people with dementia: development and pilot RCT’.

5. Qualitative feedback was part of the development design not the RCT. This is clearer now that the paper has been restructured.

6. Minor revisions attended to.

7. The restructuring suggestion was useful and we have now split the methods and results between a Stage One and Stage Two format.

8. Re-ordering the measures and participant details was not done as this did not fit with the normal flow of reporting RCTs and was only a discretionary revision.

9. The discussion section has been expanded to address consideration of future studies (page 16).

In closing, we again thank the reviewers for their comments and feel they have helped us to strengthen the paper and clarify our argument.

Kind Regards

The Authors