Author's response to reviews

Title: Portals to Wonderland: Health portals lead to confusing information about the effects of health care

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Portals to Wonderland: Health Portals Lead to Confusing Information about the Effects of Health Care

Authors’ responses to reviewer’s report

4a: Some of the 8 “questions” referred to one intervention, some to several interventions, and one very generally to “treatments” for the health condition of interest (table 2). Did these differences have implications when the information on the websites was assessed for how the question of whether or not “other” interventions were mentioned was asked? Response: The following change has been made to page 6: “Web pages were included if they referred to both the condition and the intervention. When the Cochrane review in question compared several interventions, web pages describing any one of these treatments were included”.

4b: Was the unit of analysis single web pages or web sites? Response: The unit of analysis was web pages. The term “web site” has been changed to “web page” in two places on page 10.

4c: I found it striking that no statements were coded as “not effective” or “probably not effective” (Box 1). Is this because all the interventions that were considered are basically effective? (…) Or is it because although the coding scheme contains headings that would allow statements to be coded as (…) not or probably not effective, it tends to (…) code as unclear statements that mention that treatments do not always work for people? Response: We also found it striking that no statements were coded as ”not effective” or ”probably not effective”. However, we found it more striking that so few web pages said anything about effect at all. There does appear to be an underlying assumption in the websites that if they’re writing about it, then it obviously works. Our judgements to code some statements as “unclear” are, of course, only judgements, and can be discussed. However, as the judgements were reached by two of us independently, according to the described methods, we choose to leave it as it is.

4d: Is information about how long the effect was likely to last always particularly important? Response: We agree that lack of information about length of follow-up is not a great loss when presenting information about the effect of, for instance, jet lag. However, it is important for most of the other treatments. However, our main reason for describing information as incomplete was the fact that it did not give information about outcomes for people who did not receive the intervention. Page 8 now reads as follows: “Nine had information that was judged to be incomplete and potentially misleading because outcomes for people who did not receive the intervention was not reported. In eight of these nine web pages, the length of follow-up was also not reported, despite the fact that this was relevant to the conditions in question.”

5: I was not sure why there was a paragraph about the web pages about antifungals for yeast infection… This is a misunderstanding. To make ourselves clearer, page 9 now reads as follows: “Two of the fifteen web pages were consistent with the systematic review. One of these web pages reported the effect of oral and vaginal antifungals for yeast infection. The other web page reported the effect of galantamine for Alzheimers and was the only one, besides the Cochrane systematic review abstracts, that provided information about outcomes for people not using the intervention.”
6: I wondered whether there were (qualitatively or quantitatively) significant differences (or striking similarities) across the four portals in terms of the information they provided access to.

We decided not to quantify how many of the web pages that were consistent with the review came from each portal. This is because the portals vary so much in size that this figure would be misleading.

7: Did any of the portals themselves suggest that any particular websites/types of information would be more likely than others to contain robust information about the effectiveness of interventions than others? Did they offer guidance about appraisal of information?

Response: Some of the portals do offer checklists to assess information. However, these offer little guidance as to how effect should be understood or presented. We have therefore chosen not to refer to these checklists.

7: Quotation from Caroll lacks quotation marks.
Response: Quotation marks have been added.

8: Delete or clarify the “Etc.’s in Table 1.
Response: This has now been deleted.

9: Government health portals – change to government-funded…
Response: This has now been changed to “government-run”.

10: “A bewildering array of criteria are used to rate the quality of this information, but none of these have been validated and most stop functioning soon after their release.” What does “stop functioning” mean?
Response: This has been changed to “A bewildering array of criteria are used to rate the quality of this information, but none of these have been validated and many of them have a short life span”.

11: Explain why the four portals were chosen, and perhaps give a bit more information about their scope, scale, level of use?
Response: They were chosen because they were all English-language government health portals. We don’t know much about their level of use, but have described briefly their scope in the introduction.

12: Legislation establishing the right” – change to “legislation and policies”.
Response: Added.

13: Would the information about the coding difficulties be better placed in the methods section?
Response: This was not part of the protocol, and was described in the results section to illustrate the difficulties we had in interpreting the qualitative statements. We choose therefore to keep it in the results section.

14: Could mention in the summary of difficulties that people face when trying to get information via a portal the problem that some of the various pieces of information accessible from within the portal have been shown to be conflicting.
We have added information about the existence of conflicting information on page 8.
15. *People going through these portals to FIND INFORMATION TO HELP THEM make an informed choice*
Response: Changed.

16. *Make table 4 headings slightly more informative.*
Response: Headings have been re-written.