Author's response to reviews

Title: Patients’ and partners’ health-related quality of life before and 4 months after coronary artery bypass grafting surgery

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Referee: Heng-Hsin Tung

Point 1
The author talk about social support and its confused the reader.

The sentence starting ‘Social support has been shown to contribute significantly to improvement in patient’s HRQoL after CABG [35], especially support from the partner’ [33] has now been removed (page 4, second paragraph). This helps improve the clarity and flow of discussion re; partner support.

Point 2
The method might need to clarify on page 6.

The term ‘prospective study’ has been removed. The first two sentences of the methods section now read ‘The patients and partners were seen in the out-patients (OP) clinic before and at home 4 months after CABG. Their HRQoL were assessed as part of a wider multifactorial, exploratory study.

The authors need more description including psychometrical properties on perceived symptom severity questionnaire.

In total three questionnaires were used in the study – the SF12, the Seattle Angina Questionnaire and the Quality of Life of Cardiac Spouse Questionnaire. Perceived symptom severity was not assessed by questionnaire rather three separate numerical rating scales (NRS) were used as described (page 8). These 3 items have been previously validated in cardiac research and also use of the NRS.

Need more details in pilot testing and its results.

More information has been added about aim and results of the pilot testing (page 9) but this has been kept brief so not to add to the length of the paper too much.
How many patients and how many partners were recruited should be describe in method.

This has been added to page 9 under the heading of procedure

Point 4
Does the manuscript adhere to the relevant standards for reporting and data deposition? Nope, pls follow relevant standard especial tables.

The tables have all been change to display as portrait.

Point 5
Are the discussion and conclusions well balanced and adequately supported by the data? The author might need write more about clinical practical suggestions in near future.

We have added a few more sentences (p20-21) to address point 5 with respect to future interventions and the feasibility of a couples based approach, as part of patient recovery and cardiac rehabilitation.

Point 6
Are limitations of the work clearly stated? The biggest limitation is the data is outdated and collected 9 years ago. Although it was described , but this is a very big weakness that can not be changed. The data is too old to be published, thus, how to pursued the reader its still relevant.

We have emphasised how the study findings are still relevant today and the uniqueness of the findings (page 21) by the addition of ‘current research still highlights the impact of an acute cardiac event on the partners of patients. Less frequently studied is the HRQoL of patients having CABG and their partners’.
This study was unique in collecting, as far as possible, parallel data from patients and their partners before and after CABG. ‘The research is important in extending understanding related to partners (caregivers) research and expands upon the previously reported literature. We reported the findings of logistic regression which puts new light on the partners’ status’.

Thank you