Author's response to reviews

Title: Support groups for dementia caregivers - Predictors for utilisation and expected quality from a family caregiver's point of view: A questionnaire survey

Authors:

Elmar Graessel (elmar.graessel@uk-erlangen.de)
Angelika Trilling (angelika.trilling@stadt-kassel.de)
Carolin Donath (carolin.donath@uk-erlangen.de)
Katharina Luttenberger (katharina.luttenberger@uk-erlangen.de)

Version: 2 Date: 26 February 2010

Author's response to reviews: see over
Revision of our manuscript for BMC Health Services Research:
“Support groups for Dementia caregivers - Predictors for utilisation and expected quality from a family caregiver's point of view: A questionnaire survey”

Dear Ms. Clark, Dear Ms. Rajabi,

Please find enclosed the revision according to the remarks of the reviewers and the editor on the manuscript “Support groups for Dementia caregivers - Predictors for utilisation and expected quality from a family caregiver's point of view: A questionnaire survey”.

Enclosed are the remarks of the reviewers and how we responded to them.

We think that the manuscript has been improved by the hints and hope its quality will lead to acceptance for BMC Health Services Research.

Sincerely,

Elmar Grässel, senior author
Answers to the reviewers’ comments

Editor’s Comment

1. Please provide a copy of questionnaire as an additional file.

   The questionnaire is provided in the resubmission as an additional file.

2. We recommend that you copyedit the paper to improve the style of written English. If this is not possible, you may need to use a professional copyediting service. Examples are those provided by the Manuscript Presentation Service (www.biomedes.co.uk), International Science Editing (http://www.internationalscienceediting.com/) and English Manager Science Editing (http://www.sciencemanager.com/). BioMed Central has no first-hand experience of these companies and can take no responsibility for the quality of their service.

   The Paper is reviewed by a professional native speaking translator with regard to quality of language.

3. Please also ensure that your revised manuscript conforms to the journal style (http://www.biomedcentral.com/info/ifora/medicine_journals). It is important that your files are correctly formatted.

   The whole manuscript is formatted according to the instructions and the template provided on the webpage of BMC HSR.

Reviewer 1: Yaron G Rabinowitz

Overall, this manuscript represents a unique contribution to the literature. Analytic procedures were conducted with attention to detail, and the overall, the manuscript was well written.

MINOR ESSENTIAL REVISIONS

4. The overarching premise of the study is that support groups are helpful to caregivers. While this is true, the authors do not address major studies in which skills based psychoeducational interventions have been found to be superior to support groups. While this does not take away from the impact of the study, it should be addressed in the introduction, and perhaps in the conclusion as well.

   In the introduction and the discussion the comparison between support groups and multi-component treatments is now mentioned. More details about the content of the meta-analytic studies are provided.

5. The formatting and writing can be cleaned up. Paragraphs are not indented and some paragraphs in the discussion are too long.

   Formatting has been checked according to the guidelines of BMC Journals. English writing was checked by a native speaking professional translator. Paragraphs in the discussion are shortened. Paragraphs are not intended because according to the Journal’s Instructions and the Template provided by BMC HSR they are not supposed to be intended.

6. Also, why do the authors use both, "conclusions" and "discussion" as headings in the paper?
These sections are recommended by the BMC Health Services’ Instruction for Authors.

Level of interest: An article of importance in its field
Quality of written English: Needs some language corrections before being published
Statistical review: No, the manuscript does not need to be seen by a statistician.

Reviewer 2: Brent Mausbach
Major Compulsor Revisions

7. The authors write that support groups have been proven in meta-analytic studies to improve subjective well-being in caregivers. While technically true, this statement fails to reveal that support groups are notoriously poor at more objective outcomes such as burden and depression (as indicated by these same meta-analyses). Indeed, other forms of treatment have much broader effects than simply subjective well-being, and depression and burden are likely far more relevant than subjective well-being in terms of public health costs, etc (e.g., loss of work, financial burden, and disability). Since the authors make it a point that their study is to find ways to influence low support group utilization, the bigger question is, “Why would communities want to prioritize support group utilization over more effective interventions that have broader treatment effects (e.g., depression, burden, well-being, etc)?”

see below

8. On the above note, the authors should balance their literature review to indicate that while support groups do have an impact on subjective well-being, they do not have an impact on other more objective well-being measures.

see below – literature review is balanced, two additional studies on multi-component trainings are included.

9. The author’s indication that there is very little research on Support Group utilization is an interesting one, mainly because these are so commonly offered by community agencies. It is therefore odd that such a common service offering has so little information about it. Perhaps the reason there is such little research on predictors of support-group utilization is that scientists are more interested in increasing utilization of more effective treatment modalities, as mentioned above. Perhaps the authors could make a stronger case for why increased support-group utilization would be preferable over efforts to increase utilization of other resources and interventions, other than just highlighting the subjective well-being aspect.

Answer to 7-9. Detailed results of the mentioned studies are provided in respect to the comparison between the effects of support groups and multi-component trainings. In the meta-analysis of RCTs by Sörensen and Pinquart 2002 for example the effect of support groups on caregivers’ abilities and knowledge and burden are highly significant. We therefore do not agree with the reviewer’s statement that only subjective wellbeing is influenced by support groups. Nevertheless, the matter is now discussed in the introduction and the discussion. We fully agree with the reviewer that multi-component trainings are an important and useful offer and should be mentioned in this context, and discuss them in the introduction and the discussion.

10. The sample size is excellent and is a strength of the manuscript, although so many non-significant effects with such a large sample size is revealing. The authors
reported eliminating several variables due to multicollinearity that could be more revealing. Since the authors had no a priori hypotheses this appears to be an entirely exploratory study, so why not at least explore those variables that were eliminated from the analyses?

This was a helpful hint. Even though we still believe it is important to control multicollinearity, we carried out an additional “sensitivity analysis” with all possible predictors. The results are included now in an additional section in the “Results” and are also discussed. In conclusion only the accessibility is next to the “need” of support groups a significant predictor. Persons who do not know anything about the accessibility of the next support group or where the next support group is uneasy to access have a lower probability of usage. This is an important finding.

11. The analysis predicting support group utilization appears to consist almost entirely of demographic predictors (e.g., age, gender, place of residence, education, etc). While important, it would seem that individuals faced with different caregiving challenges might be more likely to use support groups. For example, do the authors have any information on caregivers' level of depressive symptoms? Stress (other than hours of care)? Distress? It seems likely that caregivers would report greater “need” for support groups when these indicators became more elevated, and including these variables would make a more interesting analysis.

All variables that we had were included in the analysis except for the multicollinearity constraint. Thus we cannot include further information. However we believe that next to the hours of care, duration of illness reflects in a chronic progredient disease like dementia the caregiver stress. We also do not quite share that almost only demographic predictors were included. From the 11 predictors included 5 were demographic variables. In the sensitivity analysis there are 7 socio-demographic variables out of 16 predictors. The strengths of our predictors is the caregiver perspective on knowing, needing and assessing support groups.

Level of interest: An article whose findings are important to those with closely related research interests
Quality of written English: Acceptable
Statistical review: No, the manuscript does not need to be seen by a statistician.