Author's response to reviews

Title: What causes treatment failure - the patient, primary care, secondary care or inadequate interaction in the health services?

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Author's response to reviews: see over
Dear editor,

Thank you for giving us the opportunity to revise our manuscript MS 9705648494198222 “What causes treatment failure – the patient, primary care, secondary care or inadequate interaction in the health services?”

We would like also to thank the reviewers for an overall positive evaluation as well as appropriate suggestions to improve our paper. We have revised the manuscript accordingly, and changes are written with a red font.

Hereby follows an itemized, point-by-point response to the comments from the Editor and the two reviewers.

Editorial request

The questionnaire filled in by the doctors has been translated into English and uploaded as an additional file. We leave it to the Editor to decide if the questionnaire should be published as an appendix or not.

Reviewer #1 Nadia Abdulhadi

1. The questions in the interview were open and followed an interview guide which contained all topics for the interview. The main topics covered by the interview have been added in the text. The reviewer has misunderstood the analyses of these interviews. There were no qualitative analyses of the interviews, only quantitative ones. This way of combining qualitative and quantitative research has not been done before, and possible pros and cons of the method were discussed also in the first version of the manuscript.

2. As pointed out by the reviewer, the questionnaire filled in by the doctors is the weakest methodological part of the paper. The questionnaire was constructed by consensus among the authors and has not been formally validated. This has been made even clearer in the revised manuscript. A formally validated questionnaire is preferable, and this weakness was discussed also in the first version of the manuscript. The questionnaire has been uploaded to the Editor who decides if this should be published as an appendix to the paper.

3. How the 18 doctors were selected, their working place and their interaction with the selected patients has been clarified in the revised manuscript.

4. Unless demanded by the Editor, we prefer to omit in this paper a more detailed description of the previous trial and how the patients were selected.

5. Information about educational level and occupation could perhaps have been of interest, but was omitted because it is impossible to draw conclusions on the importance of educational level and occupation for treatment failure based on only 12 patients.

6. The Norwegian health care system has been shortly described in a new paragraph in the revised manuscript.

Then the numbering and comments given by the reviewer is somewhat unclear on my print out.
Of course our data are sound, and we have with quantitative methods shown reasons for treatment failure. The reviewer has, as stated above, misunderstood, we have no qualitative analyses. We consider that more information about the doctors is unnecessary, and the first paragraph of the result section is the result of the selection of the patients based on the methods described. The reviewer asks for nonparametric tests because the sample size is small. When 18 doctors score 31 questions the number is not that small, the smallest number is when 6 doctors score 5 questions, then the number of answers in each group is 30 and the distribution of the data allowed the use of ANOVA. No changes have been made in the statistics.

Then starts a new way of numbering the questions on my print-out.

5. The reviewer proposes to expand the result section with information about the qualitative data found in the discussion. Based on the reviewer’s comments, we understand what she means, but disagree. Since no formal evaluation of the interviews were performed with qualitative methods, it is not correct to refer only to impressions in the results. The result section contains valid, reliable and sound quantitative data, and some of our impressions on qualitative data have been presented as part of the discussion.

6. The sampling procedure is well described and the only limitation is that nearly half of the patients with considerable complaints were unwilling to participate (figure 1). This has been added. The question about saturation is inappropriate in this study. Pros and cons with the combined qualitative and quantitative method have been discussed and the quantitative method was chosen because we found the pros very important. This has been added.

Reviewer #2 Peter Malfertheiner

We highly appreciate the comments given by Peter Malfertheiner and wish we had good answers.

1. A specific questionnaire for the evaluation of symptoms and reasons for treatment failure would have improved the study, but sorry, we do not have this type of data (at least not complete data). We might have such data recorded some years earlier, but that is less interesting in relation to this cross-sectional study.

2. We have no control group, and it is unlikely that we can find a suitable control group. Does Malfertheiner suggest that the reason for treatment failure differs between disorders (it is an interesting question)? Patients with IBS were excluded because persistent complaints not necessarily indicate treatment failure (because no good treatment is available), as opposed to GERD where effective treatment is available.

We believe that the revision appropriately addresses the concerns of the reviewers and has strengthened our paper and we look forward to publication in BMC Health Services Research.

New uploaded documents:
- the manuscript (the text including table 1)
- the questionnaire filled in by the doctors

The figures have not been changed and are therefore not uploaded anew.
Sincerely yours
on behalf of the authors

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