Author's response to reviews

Title: Voting with their feet - Predictors of Discharge Against Medical Advice in Aboriginal and Non-Aboriginal Ischaemic Heart Disease inpatients in Western Australia:

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Author's response to reviews: see over
Dear Sir/Madam Editor

_Voting with their feet - Predictors of Discharge Against Medical Advice in Aboriginal and Non-Aboriginal Ischaemic Heart Disease inpatients in Western Australia_

We thank the reviewers and editor for their comments on our paper and have revised the manuscript in response to their suggestions.

The only major comment was the suggestion from Reviewer 2 for the title to be changed as it seemed to him that it gave away a major result.

After careful consideration the research team feels that we would like to shorten the title (by excluding the reference to linked data as shown above) but to keep the main part of the title as it is because

- All patients who DAMA vote with their feet. The title does not state that there are differences as the reviewer implies, but rather that we are investigating these differences.
- ‘Aboriginal’ in the title will catch the attention of people with a specific interest in Aboriginal health

We have responded to the reviewers’ specific (minor) comments on the manuscript by making the following changes in the manuscript (changes highlighted in yellow). When no change has been made, we have provided the justification.

**Changes to abstract:**

**Background:** Discharge Against Medical Advice (DAMA) from hospital is associated with adverse outcomes and is considered an indicator of the responsiveness of hospitals to the needs of Aboriginal and Torres Strait Islander Australians, the indigenous people of Australia.

_(Response to Reviewer 2 – minor point 1)_

Participants included all first-ever IHD inpatients (aged 25-79 years) admitted between 2005 and 2009.

_(Response to Reviewer 1 – minor point 1)_

Patients living in rural areas while attending non-metropolitan hospitals had a 50% higher risk of DAMA than those living and hospitalised in metropolitan areas.

_(Response to Reviewer 2 – minor point 2)_

**Changes to Introduction**

High cardiovascular morbidity and mortality rates in Aboriginal people contribute 23% to the Aboriginal health gap.[12]

The comma has been removed at the end of the sentence.

_(Response to Reviewer 2 – minor point 3)_
Tables:

_Suggestion/query regarding detailed analysis of Aboriginal characteristics_

This analysis was undertaken as part of a project focusing on Aboriginal heart disease in Western Australia. We have analysed and continue to analyse these large differences in patient characteristics, heart disease occurrence and outcomes. References 13 and 14 are examples of our other research outputs (more references available on request). We are currently undertaking detailed investigations into heart failure, atrial fibrillation, stroke and ACS and hope to publish shortly.

_(Response to Reviewer 2 – minor point 4)_

_Optional suggestion of providing pseudo-R-Square to assess how well the models fit the data_

We have chosen not to add a pseudo-R-Square. Most people do not report a logistic regression version of R-Square (to reflect proportion of variance explained in linear regression) because there are many different ways to calculate an $R^2$ for logistic regression and no consensus on which one is best. Also, the interpretation is not straightforward like it is for linear regression.

_(Response to Reviewer 2 – minor point 5)_

_Changes to Discussion:_

Administrative data limit the type and quality of information available for analysis. Thus, we were unable to establish the reason for and circumstances around the DAMA, although coding of DAMA status is based on evidence collected from hospital notes and discharge summaries. There are strict hospital procedures and forms documenting DAMA given the likely adverse outcomes for patients.

_(Response to Reviewer 1 – point 2)_

I hope these responses meet your approval for publication of the paper.

Yours sincerely

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