Author's response to reviews

Title: Audit of therapeutic interventions in inpatient children using two scores: are they evidence-based in developing countries?

Authors:

Nilton Y Carreazo (yhuro@hotmail.com)
Carlos A Bada (ifocar@yahoo.com)
Juan P Chalco (jpcho33@yahoo.com)
Luis Huicho (lhuicho@viabcp.com)

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

We read the comments of the reviewer and found them very helpful. I am writing now on behalf of all authors to address each of the reviewers comments. The answers are in bold characters. Page numbers, paragraphs and lines are referred to the revised manuscript.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

M1. A more detailed description on the search for evidence should be provided. Was it a single individual? Were the searches verified? What was the interrater reliability?

Answer: a detailed description on the search of evidence has been included in the revised version of the manuscript. It appears now in the Methods section, on page 6, second paragraph, lines 4-15. The results of the searches were verified and in the Results section, on page 7, the first paragraph states that these results are included as an appendix. They are being added as an additional file. The selected articles are marked in yellow in that additional file. The search was performed by one investigator.

M2. The paper is described as an audit, and seems to complete the first half on an audit cycle. How is this 'audit' to be completed? If it is not, then an alternative descriptor should be chosen.

Answer: the paper is in fact part of an audit attempt. The next planned steps include the dissemination of the results and the suggestions for changes in those interventions identified as requiring improvements. They are explicitly included now in the Methods section, page 7, second paragraph and in the Discussion section, pages 12 (last paragraph) and 13 (first paragraph).

M3. The authors use evidence taken largely from the 'developed' world, and make no reference to the translation of evidence between different populations. For example, where antibiotics are probably an inappropriate action for earache in the UK. in an area with high levels of mastoidits such an intervention may be clinically justified. These factors do not seem to have been addressed in this manuscript, and I believe are essential in discussing evidence based care.

Answer: we acknowledge that this point is particularly important and we added 3 paragraphs on the applicability of evidence from the developed world to a developing setting, two on diarrhoeal dehydration and pneumonia and the last one as a more general comment. These are included now in the Discussion section, on page 10 (last two paragraphs) and on page 11 (first and second paragraphs). Two relevant references (49 and 50) were also added to clarify this issue.
Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

m1. The Oxford Levels of Evidence and Grades of Recommendation have been slightly mis-used here. The paper needs to state the grade of recommendation (A-D) and if the authors wish, to provide the level of evidence (1a-5). I would suggest this is done by enclosing the Level of evidence in {brackets}.

Answer: the suggested change has been performed. We include now the levels of evidence in {brackets} in the text, on page 8, first paragraph, line 8 and in Tables 3-5.

m2. A description of how the month chosen (January) may have affected the results would be interesting.

Answer: This concern is justified. The childhood prevalent diseases are quite constant throughout the year at our hospital and thus it is unlikely that the results would have been different if we had chosen another study period. This explanation is included now in the revised manuscript in the first paragraph of the Results section, on page 7, last paragraph, lines 7-9.

m3. There are a number of spelling mistakes and grammatical errors. These are insufficient to make the paper unreadable or incomprehensible.

Answer: we made the effort to correct the spelling and grammatical errors as far as possible.

Discretionary Revisions (which the author can choose to ignore)

D1. I found table 6 - the difference between the prescribed level of evidence and appropriate intervention - a very important point for future action in this hospital. The authors could choose to highlight how they will use this type of information to improve the care of children.

Answer: we include now how we intend to use the information provided in Table 6 on the prescribed level of evidence and appropriate intervention. It appears in the Results section, on page 9, first paragraph, lines 2-4.

Additional change: reference 9 was wrong and it was replaced with the relevant one.

We acknowledge again the useful suggestions of the reviewer.

Looking forward to hearing from your editorial decision.

Yours sincerely,

Luis Huicho
lhuicho@viabcp.com
Professor of Pediatrics
Universidad Nacional Mayor de San Marcos and Instituto de Salud del Niño, Lima, Peru