Author's response to reviews

Title: Outcome related to impact on daily living: preliminary validation of the ORIDL instrument

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Author's response to reviews:

Dear Editor

Thank you for the reviewers comments on this paper. We have tried to respond to most of the points raised, as detailed below;

Reviewer 1 (Charlotte Paterson)
1. We have added response rates in each study as requested, and details of the number of missing items for the various scales used in each study (see first section of results for each study).
2. We have provided more detail of the ORIDL in terms of the format of the questions asked, in the methods section (pp. 6-7).
3. We have removed table 1 to avoid confusion (as also requested by reviewer 3) but have added text to the results to explain the differences between the transition and serial measures for each study (paragraph 2 of each study results).
4. We have brought forward explanation of the ORIDL threshold to the methods section (bottom of p.7)
5. We have re-worded the strengths and weaknesses in the discussion section as suggested.

Reviewer 2 (Marja Verhoef)
1. We have re-worded bottom of page 4 to clarify the validation point
2. We have clarified the issues about GHHOS/ORIDL in methods (see point 2 above)
3. Changes made to p 12 as requested
4. Changes made as suggested p 13
5. Changes made as suggested in discussion last para
6. Changes made as suggested p 16
7. Changes made as requested re- typos and figures, and Fig. 4 deleted
8. We do not feel the format of table 6 (now Table 4) differs from the others
9. General changes made to discussion as requested.
10. Typos and grammar changes made as requested

Reviewer 3 (Thomas Osterman)
1. We have responded to the question about the structure of ORIDL (see point two reviewer 1).
2. We have removed both table 1 and 4 as requested but have put the key findings as text as explained in point 3 (reviewer one , above).
3. We feel that the figures giving the percent scores for ORIDL are a simple way to visually represent the data, as described in the methods,which would not be captured so easily in tables nor boxplots.
4. Regarding the request for internal validation, we are rather confused by the reviewers comments. Firstly, it is not possible to do a test-retest analysis on the ORIDL as this would require a population of patients with a stable disease so that sampling at two time frames would be expected to show the same scores. We do not have data on such patients, if indeed any such patients exist within healthcare services. Secondly, we are asked to provide a ‘responsiveness-analysis of the instrument by means of an effect size calculation”. Again we do not see how this can be done with a transition measure such as the ORIDL. There are several indices of responsiveness, but all are for before and after scores using serial measures. For example, Standardised Response Mean (SRM) is calculated from mean change in score/SD of the change in scores, and Index of Responsiveness is calculated from mean change in score which indicates a minimal clinically important difference/ SD of change in score in stable subjects. Effect size is usually calculated from mean
change in score/ SD of baseline scores. We have sought advice from a statistician on this, and he agrees with our understanding that this is not possible with a transition measure.

5. We are happy to comment on distribution of ORIDL scores ('bottom and ceiling effects') but we do not agree that the lack of change recorded in many patients (ie high number of zeros) in primary care at one month is not an indication of validity, rather a reflection that little change 1 month post-consultation was observed in patients, whether using the ORIDL or the MYMOP. However we have added comments on this in the results section (p 12 bottom of second para, and p. 15, bottom of third para).

6. Because of the different time frames used in the different studies, and the different disease profiles of the patients in primary care versus secondary care, it is not possible to describe sensitivity by sub-group analysis. We do not have sufficient data to give statistical differences between diagnostic groups, nor do we see how this would help particularly with validation.

7. We have moved the sections on 'choosing timings and targets' and 'presenting results' into methods section as requested.

We hope these changes will allow the reviewers to recommend acceptance of this paper in due course.

Yours sincerely

Stewart Mercer

On behalf of all authors