Author's response to reviews

Title: Suspected retinopathies in Norwegian optometric practice with emphasis on patients with diabetes: a cross-sectional study

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Author's response to reviews: see over
Dear Editorial Team Members,

**Re: Suspected retinopathies in optometric practice with emphasis on patients with diabetes: a cross-sectional study – MS: 450799361140587**

Thank you for the opportunity to revise the manuscript. Outlined below is our response to each reviewer’s main points.

**Reviewer: Jill E Keeffe**

1. More details of the population, sample and response rate has been included in the Methods section (p.6, paragraph 1) and a figure of the sample selection is added (Fig1.)

2. Diagnosis of ocular disease is not in the scope of optometric practice in Norway. The retinopathies reported in the study are the tentative diagnosis as defined by the optometrists. The terms “possible retinopathies” and “suspected hypertensive/vascular retinopathy” are used to reflect that Norwegian optometrists are not permitted to make diagnosis of disease. This is now described in the Methods section (p. 7, paragraph 1)

3. History of diabetes and retinopathy is patient reported history, this is now specified in the Methods section (p. 7, paragraph 1).

4. History of diabetes and hypertension is self-reported, this is now specified in the Methods section (p. 7, paragraph 1).

5. The survey is described in detail in: Vibeke Sundling, Pål Gulbrandsen, Ragnheiður Bragadottir, Leiv S. Bakketeig, Jak Jervell, Jørund Straand (2007) Optometric practice in Norway: a cross-sectional nationwide study Acta Ophthalmologica Scandinavica 85 (6), 671–676. This is now referred to in the Methods section (p.6, paragraph1).

6. The study was presented to the Regional Committee for Medical Research Ethics (RCMRE), the RCMRE did not regard the study necessary to specific evaluation and approval. This is now specified in the Methods section (p.7, paragraph 2).

**Reviewer: Somdutt Prasad**

1. Details of 20 consecutive patients attending for a full eye examination (excluding contact lens follow ups) were self-reported by the optometrist, this is now specified in the Methods section (p. 7, paragraph 1).

2. The study was presented to the Regional Committee for Medical Research Ethics (RCMRE), the RCMRE did not regard the study necessary to specific evaluation and approval. The data were anonymized by the optometrists before it was passed on to the research team and the optometrists were also anonymous to the research team. A notice was posted in the consulting room/practice notifying the patients of the ongoing practice registration. The Norwegian Social Science Data Services were notified prior to commencement of the study. This is now described in the Methods section (p. 7, paragraph 2).

3. The method of ophthalmoscopy was not recorded for patients seen during the practice registration, however optometrist self-reported frequencies of using the different methods of ophthalmoscopy is available. This is now included in the Results section (p. 8, paragraph 1).
4. The authors acknowledge that undilated fundus examination has a lower sensitivity than dilated fundus. The low frequency of dilated fundus examinations in the study is possibly a reflection of the recent privilege to requisite and use ocular diagnostic drugs (2004) and that only 50 (24%) of the optometrists in the study were authorised to use diagnostic drugs. This is now addressed in the Background section (p. 5, paragraph 3) and discussed in the Discussion section (p. 10, paragraph 2).

5. The reason for non-referral of identified retinopathies is not known. This is now reported in the Results section (p. 10, paragraph 2) and addressed in the Discussion section (p. 12, paragraph 1).

6. The authors acknowledge that the diagnostic accuracy of optometrist is low and that in the present setting optometrists findings cannot be relied as a way of assessing and screening for diabetic retinopathy. This is now specifically pointed out in the Conclusion (p. 13, paragraph 1).

Both reviewers:

“The aim of this study was to establish the prevalence of possible retinopathy in diabetic and non-diabetic individuals as seen during routine optometric practice, to determine the proportion of previously unknown ocular and systemic disease in these patients and finally to explore how optometrists deal with such patients during everyday practice”

The authors are well aware of the many population studies of prevalence of retinopathy in diabetics and non-diabetics and the number of studies of describing the specificity and sensitivity of different methods of detection of retinopathy, as well as the detection of retinopathy by various health professionals as addressed by JE Keeffe. As pointed out by S Prasad optometric practice is an important part of eye care in many health care systems, however there is little literature describing diagnosis and management of retinopathy in routine optometric practice. These issues are now addressed in the Background section (p. 5, paragraph 2 and 3 and p. 6, paragraph 1). Also the fact that the role or scope of optometric practice differs in various health care systems and the consequence of this with regard to health care decisions is now emphasised in the discussion (p. 13, paragraph 1).

I look forward to your response to these manuscript revisions.

Best regards

Vibeke Sundling