Author's response to reviews

Title: Epilepsy Care Guidelines in the Developing World: Improving Access & Quality

Authors:

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Author's response to reviews: see over
Dear Editor;

We would like to thank all three reviewers for their thoughtful comments. We have incorporated all their suggestions in our final manuscript. Here we are responding to reviewer’s comments point by point. Reviewer’s comments are in italics.

Reviewer: Erich Schmutzhard

minor essential revisions

1) the terms developing/developed country or developing/developed world is politically incorrect, need to be changed throughout the manuscript

We agree that the terms “developing country”/ “developed world” is presently out of favor thus we generally use the term low- and middle-income country (LAMIC). Mentioning the term “developing” world we described it as so-called “developing” world. However, the term “developing” needs to be recognized and used when referring to the past international literature.

s. p 4.

However, 80% of people with epilepsy (PWE) live in so-called “developing”, low-income, or resource-poor countries in tropical or subtropical regions

We have changed the term “developing world” to “low- and middle income- countries” in all headings. We are using the term “developing” in expressions like “developing regions” stressing the positive aspect of this description.

2) NEVER start a heading with an abbreviation: mhGAP must read (page 4)

World Health organization mental health GAP Action Programme (mhGAP).

We have changed accordingly.

3) few orthographic errors, just to give an example: ... provided critically inputs ...

MUST READ: ... provided critical inputs ...
We changed accordingly.

4) the reference by Winkler AS et al (Epilepsia. 2007) dealing with epilepsy in resource poor countries (rural areas) and suggesting a locally adjusted classification should be included.

We have now included the reference and added a passage dealing with the need of locally adjusted classification.

p. 7
The development of national programs in LAMIC should be paralleled by clinical research increasing our knowledge on epilepsy beyond high-income countries. This research would facilitate the development of a new multidimensional classification of epilepsy applicable for wide range of settings including LAMIC (Winkler et al., 2007; Birbeck, 2012).

Reviewer: PM preux

Minor Essential Revisions

1- Title: I think the title should be more focused, and in particular include mhGAP since the paper advocates them.

We have changed the title to … Epilepsy Care Guidelines for Low- and Middle-Income Countries: From WHO Mental Health GAP to National Programs
2- paragraph mhGAP Guideline Development and Local Adaptation:

2.1- This paragraph is not as clear than the others and the framework could probably be improved. In particular the beginning of page 6 on the heterogeneity of developing countries could probably be placed elsewhere.

We agree that the paragraph is too bulky and less structured than other parts of the article. We now re-arranged it in line with the reviewer’s helpful suggestion. We have added a new paragraph “Local Adaptation of the Guidelines” where the passage about the heterogeneity of LAMIC can be found now.

2.2- page 5 : I am not sure of the following sentence: "Guidelines developed in high-income countries are likely appropriate for use in LAMICs".

We would like to thank the reviewer for his careful reading. The word “appropriate” was a typing error that we changed to “inappropriate”.

3- titles of table 1 and 2 : please review them: it seems to lack a word in table 2 title, and for table 1, I think all the differences did not concerned only healthcare settings?

We have reviewed the tables and amended the Table titles

4- page 7, end of paragraph "implementing...": factor without an s

Amended.

5- page 16, end of table 1 : socio-cultural attitudes towards...
Reviewer's report

Reviewer: Charles R Newton

This is a well-written and timely commentary on the implementation of the guidelines for the management of epilepsy in resource poor countries, particularly the mhGAP guidelines recently produced by the World Health Organization.

The three issues that I think that could be discussed in more detail are:

1. The implementation of the guidelines in the primary health care system in the poorer regions. As the authors correctly point out it is important to have “buy in” from the local communities – could they give some suggestions about how this could be accomplished?

2. Likewise, since traditional healers are often consulted about epilepsy in these regions, should they be included in implementing these guidelines, and how could this be done.

We would like to thank the reviewer for this helpful comment. We have now included a paragraph dealing with these two issues.

In rural areas, a “buy-in” from the local stakeholders is of paramount importance. The cooperation can be achieved by integrating local communities in developing national programs at an early stage. In many regions, traditional healers working under protection of local village chiefs will be contacted first by PWE seeking medical help.
Hence, local chiefs as authorities on the ground should be involved for pilot projects demonstrating that antiepileptic drugs are an affordable and safe method of controlling seizures. It is important to avoid provoking a culture clash between traditional and “Western-type” medicine but to show that they can co-exist for the benefit of the patients with epilepsy.

3. The authors said they conducted a literature search – what was the strategy?

The reviewer is quite correct. A systematic review was not undertaken. We have amended the Authors Contributions section to reflect that Dr. Katchanov sought relevant literature for this manuscript.

Minor
1. “Sub-Saharan Africa”, should be “sub-Saharan”
Amended.

2. Page 8, line 3 – best not end a sentence with a preposition “for”
Amended.

3. Table 1; last row: “stoward”
Amended.

Once again, we would like to thank all reviewers for their time and useful comments.

Best regards,

Juri Katchanov
Gretchen Birbeck