Title: A meta-review of heart failure disease management programs: The challenges of describing and synthesizing evidence on complex interventions.

Authors:

Lori A Savard (LASavard@ualberta.ca)
David R Thompson (David.Thompson@acu.edu.au)
Alexander M Clark (alex.clark@ualberta.ca)

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Author’s response to reviews:

Title: A meta-review of heart failure disease management programs: The challenges of describing and synthesizing evidence on complex interventions.

Dear Dr Julian

Thank for your forwarding the reviews back to us. We are very grateful for each reviewer’s time, comments and suggestions as to how to improve the above manuscript.

We have addressed their comments as follows:

1. Reviewer 1

We agree that the Taxonomy by the AHA is important and should be included in the paper. We have included reference to it in the introduction and discussion.

2. Reviewer: 2

Particular points

1. We agree that the possibility that variation in the reviews can be accounted for by time of publication is important to recognize. It was not possible in the review to build an assessment of the influence of time into the analysis because this would have required a reliable measure of ‘comprehensiveness’ which does not currently exist.
However, it is reasonable to observe that some of the earlier reviews did not distinguish between types of programs and that more specific reviews have subsequently been published. This has been noted in the discussion.

2. We agree that a table showing each review meets the various quality categories would be helpful and have included this full breakdown as supplementary data.

3. Regarding the concerns with Table 6, we have replaced with a full breakdown of the confidence intervals and summative effective sizes identified by each review. We did not include as a forest play because this implies that the reviews are comparable.

4. We agree that quality of life is an important outcome of these programs and have included an additional table detailing the reviews that recorded this outcome. We have also included commentary in the text on the trends identified.

5. We have relabeled the section on results as requested to ‘Within review pooling of outcomes’ and included a new heading: ‘handling of uncertainty in the reporting of review results’.

6. We have acknowledged more clearly the need to examine heterogeneity using PRISMA guidelines.

Specific points

1. We agree that it is important to state that cardiac rehabilitation and similar interventions were excluded and have explicitly stated this and given a rationale for this in the introduction.
Yours sincerely,

AM CLARK for the study Authors