Author's response to reviews

Title: Supported local implementation of clinical guidelines in psychiatry: A two-year follow-up

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Author's response to reviews: see over
Concerning the manuscript: MS: 5176021252147024 Supported local implementation of clinical guidelines in psychiatry: a two-year follow-up

Dear Dr Aarons,

Thank you for your review of our article “Supported local implementation of clinical guidelines in psychiatry: a two-year follow-up”. We would like to thank the Reviewers for their useful recommendations to improve the paper. Below we outline the requested changes.

Reviewer: Editor
You wrote: "The main concern is that the previous comments regarding the statistical analyses have not been appropriately addressed. The clustering or nested design of the study has not been addressed to the extent required. It was suggested that it was done through reanalysis or citing this as a limitation of the study and detailing the ways in which this issue may compromise the study conclusions. Please further revise your manuscript through a reanalysis taking the nested data structure into account. If this indeed not possible, then provide the detailed discussion of this issue and the potential impact of this on the study conclusion."

We have reanalysed our data using a multilevel approach. To address the nested structure of our data, we fitted random-effects logit models where we clustered patients within their health care providers using ”xtlogit” command in STATA version 10 [1]. However, due to the low number of participating clinics, it was not possible to introduce further clustering at a clinic level which we now acknowledge in the Limitations section, page 17, second paragraph.

We thank the reviewers for the valuable remarks which we taken into account in the following ways:

Reviewer: Ramesh Raghavan
We thank the reviewer, Ramesh Raghavan for the valuable remarks. We have made the suggested revisions.

1. Questions were raised concerning our methodology and study design. Based on this and the previous comments, we have reanalysed our data using a multilevel approach which is more appropriate given the clustered design of our study. We fitted random-effects logit models where we clustered patients within their health care providers using ”xtlogit” command in STATA version 10 [1]. However, due to the low number of participating clinics, it was not possible to introduce further clustering at a clinic level which we now acknowledge in the Limitations section, page 17, second paragraph. Furthermore, we downplayed our language accordingly, i.e. we do not suggest definitive improvements in the present version.
2. Figure 2 and 3 illustrate differences in compliance to standards between implementation and control clinics. The reviewer recommended us to consider presenting one plot for the intervention and one for the controls. We agree with the reviewer and have now deleted figure 3 and merged figure 1 and 2.

3. There was some editing and proofing issues that needed to be addressed in the manuscript. We have now revised the manuscript, for e.g. used practice have changed to current practice, page 4, second paragraph.

Reviewer: Lawrence A Palinkas

We thank the reviewer for the valuable remarks. The reviewer suggested that the aims of the study should be rewritten. We have after the recommendation rewritten the aims of the study as recommended, page 5, second paragraph.

We have also corrected the language and grammar in the manuscript.

Stockholm 17th of July 2009

With best wishes,

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Citation