Reviewer's report

Title: Clinical guidelines contribute to the health inequities experienced by individuals with intellectual disabilities

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Reviewer: Atle Fretheim

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The authors address an issue that I believe deserves attention. The study is small and simple, and narrow in scope. Thus, it is worth considering whether it is better placed in a more specialized journal than Implementation Science. On the other hand, Implementation Science is among the leading journals in the field of research on clinical guidelines, and equity-considerations is probably an area which deserves more focus also from the broad guidelines research community.

All my comments are in my view "compulsory revision":

1. It is not 100% clear what the objective of this manuscript is. Typically the last paragraph in the Introduction will explicitly state the aim of the study that is being reported on, but this is not done here. The authors say that they “used the INCLEN equity lens to examine whether existing clinical guidelines address the health inequities experienced by people with intellectual disabilities”. I assume the objective is to investigate whether a set of clinical guidelines address inequities experienced by individuals who have intellectual disabilities, and that using the INCLEN-lens is not an objective as such, but rather a method for doing what they set out to do. If this is correctly understood, I would re-phrase accordingly and move everything about the lens from the Intro to the methods.

2. I find the “equity lens” itself confusing. I looked up the reference (Dans et al), and I realize that the reason I am confused is because of how the lens was presented in the original paper, thus I cannot blame the current authors for that, at least not entirely. The problem I have concerns the questions that the current authors list in the Background section, i.e. the five criteria. I find that it is difficult to understand how these are intended to be used and understood, by both the current and the original authors. Take for example the first criterion: Do the public health recommendations in the guidelines address a priority problem for disadvantaged populations? The obvious answer would be yes, since the guidelines were included in the current study precisely for that reason! So, when the current authors conclude that very few of the guidelines actually fulfilled this criterion, I was utterly confused. Now, after reading the original “lens-article”, I understand more of how the current authors were thinking. However, to reduce the risk that future readers will suffer the same confusion as I did, I suggest including also the third column from Table 1 in the original paper (Dans et al 2007), where they describe “what to look for in guidelines”. I think that will help, and make it a bit clearer why, for example, a guideline that obviously addresses
an issue of particular concern for people with intellectual disabilities, does not necessarily fulfill criterion one (even if I still find this very confusing).

3. Adding the third column from the table in Dans et al is not sufficient, though. I think the authors – like me – need to clarify to themselves how exactly the lens should be applied in this case. I think the statement in the first para under Methods illustrates that they also struggle with this: “the available evidence-base on these disorders meets equity lens criterion one.” I first assumed that the authors wrote this since they interpreted criterion one as I first did, i.e. if the topic an important one for disadvantaged groups (in this case those with intellectual disabilities), the criterion is fulfilled. But, in the other parts of the manuscript they consider criterion one fulfilled only if the specific needs of the specified disadvantaged group is explicitly addressed in the guideline. As mentioned above, I think the latter is in line with the intentions of Dans et al, though this is not well articulated in their or the current text. I suspect that the current authors also find this confusing, and I suggest they a) clarify to themselves how they think about this, and b) try to communicate this clearly to the reader.

4. In the Methods, I found it very odd that the authors suddenly focused on countries as the unit-level they selected from, not guidelines which I would have expected: “Countries with available guidelines for two or more of the health problems selected were identified”. This makes little sense to me and does not fit the research question (maybe in part because the research question is also not 100% clear). If the authors had a reason for focusing on guidelines from a set of countries rather than just a set of guidelines (independent of origin), then they need to explain why they focussed on a set of countries and their guidelines, not just a set of guidelines (from anywhere in the world).

5. Also, it is unconventional to present the results of their search-strategy under Methods. Usually – and I would recommend sticking to the norm – the results (what they found) are presented under results, and the methods (how they looked for it) under methods.

6. A minor thing: In the first para of the Methods-section, it is stated the “We selected nine health problems”, but when I – for some strange reason– counted the number of health problems I found 10 (and I did count “injuries or falls” as one). I guess the easy way to fix that is to replace 9 with 10 all the way through.

7. The sub-section “Equity lens criteria” also illustrates the previously mentioned problem with the equity lens: it’s not very clear how it can or should be used. Do you apply it on inequities generally, or on specific disadvantaged groups? This lack of clarity seems to stem from the original article by Dans et al. Again, I think it would be helpful if the current authors expanded on their discussion on this, possibly addressing it earlier in the manuscript, to avoid more confused readers like me.

8. In the same para: “criterian” should read “criterion”.

9. In the last para under “Guidelines content”, the authors start off with “Interestingly”. I found that a bit misplaced. I would just delete that word.
The Discussion has not “Limitations” or “Study-weaknesses”-section. I think it is obligatory for the authors to reflect on and share the possible weakness of their work.

10. I find that the logic behind the following statement is flawed (at least I don’t follow it):

“Since there is available evidence to allow guidelines to meet equity levels criterion one – as evidenced by the six guidelines that met this criterion – we believe that the current guideline development process, used by national organisations with the responsibility for clinical guideline development, may be adding to the health inequities experienced by individuals with intellectual disabilities.”

Firstly, the available evidence concerning special considerations for people with intellectual disabilities will likely vary much from topic to topic, so using the six guidelines as proof that there is evidence available to inform recommendations across all topics, does not seem to make sense. Apart from that, the authors seem to argue that evidence is needed to make recommendations, however, even when convincing scientific evidence is lacking recommendations can (and often should) be made anyway, e.g. based on expert opinion. Secondly, although the authors may be correct in their assertion that lack of attention to disadvantaged populations “may be adding to the health inequities” (in this case for people with intellectual disabilities), think it would wise to expand a little and walk the reader through why this is likely to be the case (alternatively, this line of reasoning could be presented in the Introduction-section).

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.