Author’s response to reviews

Title: The MEDEA FAR-EAST study  Conceptual framework, methods and first findings of a multicenter cross-sectional observational study

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Author’s response to reviews:

Yves Chaput

First of all, we would like to thank the reviewer for his interest in our carefully revised manuscript and his fast reply.
Background and methods section

We appreciate that the major alterations which we have made to the background and methods sections as a response to the reviewer’s queries seem to have fulfilled the expectations, with the reviewer having no major points.

Result section

We are glad that the reviewer understands our results as “an elaboration on the methodology itself”. The main objective of this manuscript is to put close attention to the study methodology.

Discussion section

We thank the reviewer for his praise of our rearranged and shortened discussion section.

Nevertheless, the reviewer has raised an important and thoughtful remark about the interpretation of the GAD-7 scale results (line 331). We have followed the reviewer’s suggestion to use the more generic term “anxiety”. In line 331, we now use the term “anxiety”. Subsequently, we have aligned the rest of the manuscript, making changes to line 282 in the results section and in Table 3a, so that it states “anxiety” instead of “general anxiety disorder”.

Minor points

Regarding all minor points made, we thank the reviewer for his close attention to language and style. We have made the following changes.

Background section

Line 44 "…in China in 2011 (2)"

We have included “in the year 2011”

Line 48 "A recent worldwide review on prehospital delay…..range between 1.6 hours and 12.9 hours (6).”

As suggested by the reviewer, we have changed the order of the word “worldwide” within the sentence (Line 48 and 49).

Line 66. "...inner psychologically driven barriers..." is a odd term. Why not just use "psychological barriers"?"
We agree with the reviewer that this term might be potentially confusing for readers who are new to prehospital delay research. As suggested by the reviewer, we have reduced the term to “psychological barriers” in line 66.

Line 70. "…symptoms which do not match one's expectation of an AMI (25)…attributed to those other than the heart, act as barriers…"

We thank the reviewer for spotting this mistake. We have added the missing letter ‘s’ in line 70.

Line 81. Effectivity?

We thank the reviewer for his remark regarding line 81. We realized that our wording is potentially misleading, and have rewritten the sentence for more clarity. In line 80, we now state “…insufficient knowledge on the time-dependent nature of treatment… might keep patients away from seeking professional help (30)”.

Discussion section

Line 315-319. Not quite certain what the meaning of the phrase on lines 315 to 319 means. It begins with "Nevertheless, our descriptive…” I would rewrite it to make it clearer.

We have taken on the suggestion of the reviewer and changed the sentence starting onwards from line 314. We have reworded it for more clarity and divided it into two sentences for better legibility. It now reads as follows:

“Nevertheless, our descriptive analysis demonstrates that the population under investigation in the MEDEA FAR-EAST study has comparable characteristics to related investigations in China. This is particular true concerning mean age (10,12,14,16), gender distribution (12,14), education (10) and insurance rate (12,16).”

Line 323 "It accurately screens for …" This is a subjective term. I would probably go with "It not only screens for typical but also atypical symptoms and complaints and furthermore assesses factors like symptom expectation and knowledge."

We appreciate the reviewer’s important reminder on the use of objective language only. We have reworded line 323 as suggested. The sentence now reads as follows:

“It not only screens for typical but also atypical symptoms and complaints and furthermore assesses factors like symptom expectation and knowledge.”

Line 345, "In previous studies in China the prevalence of patients attributing…”

As proposed by the reviewer, we have changed the beginning of the sentence starting in line 345. It now reads as suggested above.
Line 349 "As a response to these symptoms …."

We have taken on the reviewers suggested and have changed “the symptoms” to “these symptoms” as well as deleted the redundant comma in line 349.

Line 352 “… the consistency of our results with those of prior Chinese studies.

As advised by the reviewer, we have transformed the sentence so that it now uses “direct language” by deleting the “overall” at the beginning. Line 352 onwards now reads:

“The consistency of our results with Chinese literature can be seen as a measure of the validity of the data collected on AMI-patients in this investigation.”

Paul Jennings

We thank Reviewer Paul Jennings for his swift review of our revised manuscript. It honours our efforts that he has no further suggestions regarding the revision of our manuscript content.

Quality of written English

Among his responses to the custom’s review questions, we have taken notice of the reviewer’s suggestion for language style improvement before publication. We have kindly asked a native speaker to evaluate the language quality again, and made appropriate minor changes to style and grammar in the manuscript.

Additional comment by the authors in regards to Figure 1

Careful re-assessment of the manuscript made us realize that we uploaded a figure 1 without the finalized n=XX figures. We have now uploaded a revised figure 1 in which all n=XX align with the text beneath the subheading “3.1 Sample size and dropout-analysis”