Author’s response to reviews

Title: Knowledge, attitudes, and practices of Cameroonian physicians with regards to acute pain management in the emergency department: a multicenter cross-sectional study

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Author’s response to reviews:

July 22, 2019.

The Editor-in-chief,

BMC Emergency Medicine

Dear Sir/Madam,

We are writing to submit our revised manuscript entitled, “Knowledge, attitudes, and practices of Cameroonian physicians with regards to acute pain management in the emergency department: a multicenter cross-sectional study ” for consideration for publication in BMC Emergency Medicine

We have addressed all reviewers’ queries so as to account for their comments and suggestions.

We hope that you will find this revised version suitable for publication.
Sincerely,

On behalf of all co-authors

Joel Noutakdie Tochie, MD

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1. Reviewer's comment: Yves Chaput (Reviewer 1): Thank you for giving me the opportunity of reviewing this manuscript. I usually divide my comments into major and minor points. Major points are those that require a response from the authors, either in factual changes to the manuscript or, if in disagreement, a counter argument in their response letter. Minor points are mere suggestions that the authors a free to consider (or not). I have divided them in accordance to the sections typically found in a BMC-EM manuscript (Background, Methods, Results and Discussion).

BACKGROUND section, Major Point:

1. The background section is well written but the authors fail to give the reader a valid reason why this study was undertaken. I understand that pain is a frequent presenting symptom to the ED worldwide. However, the authors provide no information as to whether this is also the case in the typical Cameroon ED and furthermore, tend to assume that pain management is deficient there (they state that one of the goals of this study is to "improve" pain management, suggesting that it is a priori deficient without providing data supporting this contention, which is indeed the goal of this study).

Authors' response : page 4 lines 12 to 20 : this has been corrected accordingly

2. Reviewer's comment: Their Discussion section does contain country specific ED data on Lebanon and India that might be comparable to the situation in Cameroon. This could set up and introduce the study if they summarized this information in the Background section.

Authors' response : page 4 lines 12 to 13 : the discussion on lebanon and India were not appropriate so we rather dissucus Italy and Iran in the introduction
3. Reviewer's comment: METHODS section, Major Points:

1-No reason is given for excluding physicians with expertise in the ER in this study. Furthermore, the authors do not provide information as to the general make-up of a Cameroon ER, which is important here. Are there board certified ER specialists (or, alternatively, GPs who work permanently in the ER) or are they regular GPs who take turns being on call? If the former then one would assume that they would be primarily responsible for assessing and treating patients with acute pain so why were they excluded?

Authors' response: page 5 lines 4 to 18: we provided information as to the general make-up of a Cameroon ER. Cameroon counts less than 10 emergency physicians or board certified emergency room general practioners. Hence, most ER are taken charged by general practioners who take daily and night shifts. pages 5 an 6 lines 23 to 4: the reason for excluding physicians with expertise in the ER in this study has been stated

4. Reviewer's comment: Little information is given as to this questionnaire. It should be fully described in this section. Furthermore, the authors state that pre-established and pre-tested although has been objectively validated? What are the gold standards that this questionnaire refers to in terms of cut-off points?

Authors' response: page 6 lines 13 to 16: the questionnaire has been more detailed and attached as a supplementary file and to end of the manuscript. The cut-off points mentioned in table 1 to assess knowledge. While attitudes and practices were assessed both based on the questionnaire and self assessment

5. Reviewer's comment: How was the questionnaire administered? Who administered it?

Authors' response: page 6 line 13 to 16: this has been revised accordingly

6. Reviewer's comment: Was there any missing data for the 58 questionnaires filled-out?

Authors' response: no

7. Reviewer's comment: Unfortunately I could not gain access to the actual questionnaire, either through the supplemental information link of the manuscript or via the BMC-EM web site.

Authors' response: we have added the questionnaire both as a supplementary file and to end of the manuscript ease its accessibility
8. Reviewer's comment: RESULTS AND DISCUSSION sections, Major Point:

1-Without a detailed description of the questionnaire and its validation it is really difficult to interpret the results of this study. For instance, what is the gold standard for an "good knowledge" of pain management? Inversely, what is "poor" pain management? What is it compared to? For instance, the pharmacological half-life of the various drugs for pain management is used as an index here but what assures the authors that their GPs (or indeed any other GP in any other country on the planet) have a better knowledge of, say, the pharmacological ½ life of a typical anti hypertensive? What the authors may be measuring is a generic level of knowledge in a very specific area of medicine (pharmacokinetics). Did the authors assess this?

Authors' response: we have added the questionnaire both as supplementary file and to end of the manuscript to ease its accessibility. The "good knowledge" or "poor knowledge" response was according to the validated Essi MJ et al cut-off for KAP studies and available in table 1 as stated in the manuscript

7. Reviewer's comment: Regarding the level of knowledge of pain management in several countries (Lebanon, Iran, India…) there is no detailed analysis of the methods used in these other studies to determine that level, compared to the methods used in this study.

Authors' response: we have revised this accordingly throughout the discussion section

8. Reviewer's comment: Some tables contain headers written in French (table 1 for instance).

Authors' response: this has been corrected accordindly

9. Reviewer's comment: I would replace "good answer" with "correct answer" in the text.

Authors' response: page 7, line 16: this has been corrected accordindly

10. Reviewer's comment: Corey B. Bills (Reviewer 2): Thank you for giving me the opportunity to review this manuscript. In general the topic under study seems to be an important one and worthy of study, but the manuscript would benefit from significant changes as described below.

Title: Consider use of 'in' instead of 'at'

Authors' response: this has been corrected accordindly
11. Reviewer's comment: Abstract

Introduction: consider collapsing second and third sentence

Authors' response: page 1, line 2: this has been collapsed accordingly

12. Reviewer's comment: Methods:

Unclear on use of the term 'analytic'

Please clarify the four month time period and the cross sectional nature of the study. Just to be clear it sounds like practitioners were surveyed once without follow-up it's just that the survey ran over a four month time period, correct?

Authors' response: Page 5, line 22: the study duration was 4 months, during which participants were seen once without follow up

13. Reviewer's comment: Why was the decision made not to include EM or anesthesia faculty as a comparison group? Why do we presume that they know more than the group(s) under study?

Authors' response: page 5 lines 2 to 16: we provided information as to the general make-up of a Cameroon ER. Cameroon counts less than 10 emergency physicians or board certified emergency room general practitioners. Hence, most ER are taken charged by general practitioners who take daily and night shifts.

Authors' response: page 5 lines 4 to 18: the reason is given here

14. Reviewer's comment: Results:

Being a general practitioner was significantly associated with a poor level of knowledge. (p=0.02; OR=5.1). I'm not sure who the comparison group here is; is it interns?

Authors' response: page 7 line 22: comparison group were interns and residents

15. Reviewer's comment: Background

pg 3
line 30: "Its global prevalence is 20% [1,2]." Please clarify the context of this prevalence; is it chronic pain?

Authors' response: page 4 lines 2: we are referring to acute pain in the text.

16. Reviewer's comment: line: 38, change they to the
line 40-45: this sentence is unclear and need to be revised. I'm also not sure how relevant it is to the study itself.

Authors' response: this has been revised accordingly

17. Reviewer's comment: The background would benefit from a larger understanding of why. For example, why is this such an important problem for Cameroon especially; how are patient's treated; what medications are available for pain control; what is the standard of care around pain treatment. Something that gives the reader a better understanding of how this problem is relevant to the context being explored would be helpful.

Authors' response: page 4, line 12 to 22: this has been revised accordingly

18. Reviewer's comment: Methods

page 4

line 12: The use of the terms "analytic' should be removed. The term 'prospective' as it relates to the timing of a cross-sectional study is confusing. Please clarify.

Authors' response: page 5, line 3: this has been revised accordingly

19. Reviewer's comment: line 27: Again I think the decision to exclude emergency medicine and anesthesia physicians is a limitation of the study, and rests on a significant bias that these physicians know more than the counterparts under study and should be addressed more thoroughly.

Authors' response: page 6 lines 1 to 6: the reason for excluding physicians with expertise in the ER in this study has been stated
Authors' response: this has been revised accordingly.

21. Reviewer's comment: 39-41, What was the scoring system used? I'm not sure the readers will understand how knowledge was studied. Is this from a previously validated 32-item test? Please provide more details.
Authors' response: we have added the questionnaire both as supplementary file and to end of the manuscript to ease its accessibility. Several scoring systems were used as you may see in the attached questionnaire.

22. Reviewer's comment: line 44: No need to specify each of the descriptive variables used.
Authors' response: page 6, line 13; this has been revised accordingly.

23. Reviewer's comment: line 53-60: Why the decision to use both Pearson and t tests in terms of making comparisons between two groups.
Authors' response: page 6, line 23; we rectified to only the Pearson test was used.

24. Reviewer's comment: Results
page 5
line 14: Please specify standard deviation in the sentences including average.
Authors' response: this has been revised accordingly throughout the result section.

25. Reviewer's comment: line 27: How do the terms poor and good relate to a numerical score in this case. I'm confused given the lack of description in the methods section.
Authors' response: please see table 1 for a better understanding.

line 7: Please clarify in the methods how attitudes and practices were assessed. I think this is all by self assessment, but it is not clarified and makes the reading of the results challenging.

Authors' response: page 6, line 16 to 17: this has been revised accordingly

27. Reviewer's comment: line 39-50: These two sentences seem contradictory even though they are reporting similar information. Please clarify what a "good answer" is. Is this a correct answer as specified in the sentence prior?

Authors' response: page 7, line 19: this has been revised accordingly

28. Reviewer's comment: The comparison of your study subjects to other studies is less relevant to the actual aims of the paper so would remove the second paragraph.

Authors' response: this has been revised accordingly

29. Reviewer's comment: In general you do not need to reiterate the results specifically.

Authors' response: this has been revised accordingly

30. Reviewer's comment: You should move this sentence to the top "study is one of the first to assess the knowledge, to determine the attitudes and practices"

Authors' response: page 8, line 20 and 21: this has been revised accordingly

Katia Donadello (Reviewer 3): Dear Authors,

Thank You for you submission to BMC Emergency Medicine.

Your manuscript is of interest and could be of help in improving healthcare practice in Your area. Despite that, it needs to be amended:

31. Reviewer's comment: please provide the original questionnaire that was used for the data collection
Authors' response: this has been provided as both a supplementary file and at the end of the manuscript

32. Reviewer's comment: please provide an English mother-tongue expert revision
Authors' response: this has been revised accordingly

33. Reviewer's comment: please improve the limitation part with hints about the cohort size
Authors' response: page 10, line 5: this has been revised accordingly

34. Reviewer's comment: please provide some future suggestions for improvement
Authors' response: page 10, line 20: this has been revised accordingly