Author’s response to reviews

Title: Al Kharj diabetic patients' perception about diabetes mellitus using Revised-Illness Perception Questionnaire (IPQ-R)

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Author’s response to reviews:

Dear BMC Family Practice Editor,

RE: MS: FAMP-D-17-00161

Title: How Do Saudi Diabetic Patients Perceive Their Illness? A Multicenter Survey Using Revised-Illness Perception Questionnaire (R-IPQ)

Authors: Sameer Al-Ghamdi, Gulfam Ahmad, Ali Hassan Ali, Nasraddin Othman Bahakim, Salman Alomran, Waleed alhowikan, Salman Almutairi, Tariq Basalem, Faisal aljuaid
Attached, please find an amended version of the manuscript with the changes highlighted in yellow, and our point-by-point responses to the reviewers’ comments are provided below. We are pleased that the reviewers agree that the manuscript will be a valuable contribution to the literature in this field.

We are very grateful to the reviewers for their positive and helpful suggestions, and we feel that the quality of the manuscript has been significantly improved based on the provided comments.

We look forward to the publication of our manuscript in your journal.

Yours sincerely,

Sameer Al-Ghamdi

Editor Comments:

Please note the comments of both reviewers: there are several points here which could help you improve the quality of this paper considerably. In particular please note comments from reviewer 1 about the figures and table formatting and reviewer 2 about condensing the scales and examining associations between scales and patient characteristics.

Revised

Formatted the figures and tables

Reviewer reports:

(Reviewer 1): Dear Authors

You did a magnific job conducting successfully this research. The research aimed a very important issue that is the cognitive representations of diabetes within adult and older adult
population. Since the prevalence of diabetes is so high in Saudi Arabia, as you pointed out in the article, the justification and need for this study is clear.

Also, the methodology seems very cautious, respecting the representativeness of the sample (no adult age group was left out), the selection and translation of the main measure, and all the statistical procedures seem very well done; its presentation is understandable.

There is however some worries that I want to raise for your consideration:

1) The title is excessively long and taking into account the main goal of the paper, it seems obvious that there is not the need to have a so long title (12 words are commonly seen as the maximum adequate and this title has 16), that there are good alternatives more economical.

   Shortened the title to 12 words:

   New title: Al Kharj diabetic patients’ perception about diabetes mellitus using Revised-Illness Perception Questionnaire

2) There was no discussion about the poor Cronbach alfa of the majority of subscales…!! and since you have so high methodological care this seems contradictory. it appears that you trusted the measure but you didn't care about its validation.

   Added a discussion about poor cronbach alpha of the majority of subscales

3) I have some doubts if your perspective about the use and utility of "The Illness Perception Questionnaire" is adequate. It seems that you did try to match the participants cognitive representations of the disease with the objective data about it; when you did find the match, you didn't see any problem to discuss; The main problem of this approach is that there were a lot of data not explored from the patients's point of view. Looking for what health care system can do to assist patients and some of the patients specifically (for instance one quarter of participants strongly agree that diabetes is a mystery and this could mean that it is perceived as unmanageably). for instance you said in Page 8, line 47: "These symptoms are associated with diabetes itself, or with medication effects, which showed that patients had appropriate knowledge of their disease". "Appropriate"? This measure was constructed to be targeted toward the cognitive representations of the five components of the disease and not to explore if they know "what" it is the disease according the scientific inquiry.

   Revised and amended the changes. I have highlighted this in the paper revised.
4) there is a contradiction between the extension of data and its importance and the so brief conclusions or suggestions you did with your data (see for instance the conclusion in your abstract)

Added conclusions and suggestions/recommendation.

5) Just wondering in Page 8, line 49: you state: "While managing patients, it is important to educate them on how to identify and manage symptoms, as those with a good understanding of it were able to identify the most probable causes, including eating habits and hereditary factors". Take into account that those with good understanding were not educated.... if those patients were able to identify these symptoms without education, we should wonder why it is necessary to help them....

Revised and amended the changes. I have highlighted this in the paper revised.

6) Respecting the tables and figures:

a. There is no table formatted according simple canonical rules. The tables presented are from spss without any canonic formatting.

Formatted the table according simple canonical rules

b. The figure 1 is dispensable. There is a disproportion between the magnitude of this figure and its importance. It would be a nice figure to do a PowerPoint presentation but it is not adequate for a research paper.

Figure 1 has now been amended

c. Figure 2 and figure 3 were not done according basic norms of parsimony in presenting figures. See for instance https://owl.english.purdue.edu/owl/resource/560/20/

Figure 2 and figure 3 has been removed.

I would like you take into account these brief notes that do not lessen merit to your research but if taking into account they could improve a lot the paper.
(Reviewer 2): Overall, I feel like the article can be shortened, and there is room for improvements in how the theory and results are embedded. To my opinion, a short report should be sufficient for this study, instead of an article. I also think the authors can make their report more interesting by investigating differences in perceptions between subgroups, for instance between 1) patients with complications and without complications (if known), 2) patients with a long diabetes duration vs patients with a short illness duration, or 3) young onset vs old(er) onset of diabetes. If differences are present, one could identify specific patients populations for whom additional support or education by health care providers might be warranted.

Revised

Introduction

I think the authors should elaborate more on the importance of illness perceptions by describing something about the underlying theory and the known associations with outcomes in chronic conditions, such as type 2 diabetes. Furthermore, the authors could explain what current challenges in diabetes care may be improved by gaining more insight into the perceptions of Saudi patients with type 2 diabetes. The first paragraph can be shortened to 2-3 sentences (what is diabetes, and what are its effects on individuals and society/health care systems).

Introduction section has now been amended.

Methodology

As mentioned above, I would suggest subgroup analyses. Illness perceptions are known to change with disease progression (e.g. type of treatment, complications, etc.) and therefore, most likely, different across this very wide variety of patients that participated in your study. For instance, recently diagnosed patients without diabetes-related complications will probably perceive type 2 diabetes as less serious than patients who are experiencing diabetes-related complaints.
Added subgroup analyses. have highlighted these new changes in the paper revised

Results and discussion

The aim of the study was to examine the perceptions of Saudi T2DM patients, however, the majority of the results and discussion section describes the sociodemographic background and illness-related characteristics of the participants in the study, and its mutual associations. A short description of the study sample should do. Mutual correlations between the sociodemographic and illness-related characteristics are, in my opinion, not of interest for this study. Tables should only provide the scores for the scales of the IPQ-R, not every question separately. Finally, like in the introduction, the discussion does not explain the link of the illness perceptions with health-related behaviours and outcomes. What are the implications for (further) research and clinic?

Added discussion, conclusion, implication of the study findings and recommendation. All changes are highlighted in the paper