Author’s response to reviews

Title: Mixed feelings: General practitioners’ attitudes towards eHealth for stress urinary incontinence - a qualitative study

Authors:

Lotte Firet (lotte.firet@radboudumc.nl; lottefiret@hotmail.com)
Chrissy de Bree (chrissydebre@ gmail.com)
Carmen Verhoeks (carmenverhoeks1991@hotmail.com)
Doreth Teunissen (Doreth.Teunissen@radboudumc.nl)
Antoine Lagro-Janssen (Toine.Lagro@radboudumc.nl)

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10 January 2019, Nijmegen, The Netherlands

Dear Dr. Darren Byrne,

Thank you for your feedback on our paper ‘Mixed feelings: General practitioners’ attitudes towards eHealth for stress urinary incontinence – a qualitative study’. We would like to thank the reviewer again for the comments on our manuscript. We have addressed these comments in this point-to-point letter and the manuscript is amended accordingly.

We await your reply with interest and we still hope for a positive decision on publication in the BMC Family Practice.

Yours sincerely, on behalf of my co-authors,

Lotte Firet, MSc
General practitioner in training, PhD student
Janny Dekker (Reviewer 1): The manuscript has improved again and I am very satisfied with the answers on my questions. I have only a few minor suggestions left.

1. Background: Page 2. Line 10-11 Please make clear whether this is the prevalence in the whole population or within the group of women who reported to have urinary incontinence.

Thank you for addressing this point because it gave us the chance to describe the prevalence more accurate. The prevalence rates that were meant in the previous version of the article were rates within the group of women who report having urinary incontinence. We changed the text by making a distinction between the overall prevalence rate in the population and the prevalence for SUI as a subtype. We assumed that the reviewer meant page 4 instead of the background section in the abstract on page 2.

In the text this is rewritten into:

‘The overall prevalence rate of urinary incontinence varies between 25% and 48%, according to two European studies [1,3]. Among women who report having urinary incontinence, the prevalence of SUI varies between 21% and 33% with a peak prevalence between 40 and 49 years [1,3].’
2. Discussion: Page 14 line 16-18. "increasing age is a significant predictor for success": can be better formulated as: "the probability of a successful outcome increases with age".

Thank you for this suggestion, we changed the text accordingly.

3. Discussion: Page 14 line 57-59 through Page 15 line 1-6. I am not yet completely happy with the following paragraph: "Trust in E-health could increase with education that addresses both the GPs' misperceptions in regular care for SUI, and the existing evidence on potential future E-health therapy". The GPs may be right in finding the evidence not yet convincing enough: we should be cautious in interpreting the evidence on the effectiveness of E-Health in incontinence, given the paucity of studies in the field. And in my opinion the word misperceptions is misplaced in this context.

Thank you for this comment. With this sentence our aim was to describe that the training has to be about two topics: about (1) misunderstandings in current/regular care for SUI, such as the ineffectiveness of PFMT for the elderly, and (2) about the existing evidence of eHealth for urinary incontinence. Our aim was not to say that GPs have misperceptions about the effectiveness of eHealth for urinary incontinence.

We do believe that there are misperceptions among GPs about current urinary incontinence care, as we described in the first paragraph of page 14. However, we changed this word into ‘misunderstandings’ as that might sound not so harsh.

Both your comments led to an amendment in our text.

‘Trust in eHealth could increase with training that make GPs familiar with the existing evidence on potential future eHealth therapy[19, 29]. Furthermore, training is needed to improve current incontinence care, for example by addressing common misunderstandings among GPs such as the effectiveness of regular PFMT for different age groups.’


We updated this reference, thank you.