Author’s response to reviews

Title: Awareness of limited joint mobility in type 2 diabetes in general practice in the Netherlands: an online questionnaire survey

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Paul Campbell
Editor in Chief, BMC Family Medicine,

Dear Paul Campbell, Editor-in-Chief,

Thank you for giving us the opportunity to revise our manuscript and the positive comments. We would like to address the comments one by one.

Editor Comments:

1. The acronym "DM" needs explained within the abstract.

Reply: Unfortunately, we forgot to explain this acronym

Adjustment made: We added “diabetes mellitus” in the abstract.

2. The background section within the abstract appears overly long and I would suggest to shorten and place more information on the methods.

Reply: We agree that this section can be shortened.

Adjustment made: We reduced the background text of the Abstract.
3. You mention "NICE" guidelines, this needs to be explained that these are UK based.

Reply: Thank you very much for this advice.

Adjustment made: We replaced NICE by “British”.

Lilli Herzig, MD (Reviewer 1) report:

1. The problematic of an association between limited joint mobility and diabetes is explored since the 1950 years, with different methods, populations, definitions, prevalence's and interpretations and without a clear consensus. Yet, the development of LJM may depend on a lot of different genetic, professional or societal factors, including diabetes. Also, the relation between diabetes and LJM may also be a co-founder effect?

Furthermore, a lot of your cited prevalence references come from India, China, Japan - so populations may not be comparable.

It seems therefore not surprisingly that systematic check for LJM in the upper extremities is not recommended in guidelines and not known by GPs or NP.

In this field of uncertainty, it seems special to address questionnaire with "right or wrong" answers- or "right or wrong" interpretation

Reply: Thank you very much for addressing these points, we hope the following text may answer your concerns:

Indeed, many factors may influence the development of LJM in diabetes patients and the exact mechanism and causes remain uncertain. Genetic factors may influence many diseases, e.g. coronary heart diseases and stroke, that are also seen as diabetes complications. The focus of our research is about the awareness of LJM as a DM complication, and we were not looking for right and wrong answers, although all questions were based on the Dutch guidelines for the common knowledge. In the third paragraph of the discussion section we already stated that this association is mentioned in several Dutch musculoskeletal guidelines.

We agree that several studies were conducted outside Europe, however, the relation between LJM and DM has also been studied in Europe (e.g. see the study of Abate et al. from Italy included in the reference list). It might be true that prevalence may differ between populations due to differences in life style and other potential factors. However, a previous study conducted in Norway concluded that LJM is prevalent in diabetes patients with an odds ratio of 1.6 in patients aged <60 since older patients may develop age-related degenerative disorders (1).

In the Discussion paragraph about future research, we advise prevalence studies.
Currently, we are also working on a manuscript regarding the prevalence of LJM in The Netherlands. We believe that this upcoming manuscript cannot be included in this present manuscript.

Few comments from the participating NP (in the questionnaire open field section) were that they search for hand signs as they observed some cases during the routine check-ups and it might be the reason why NP are willing to screen for LJM. On the other hand, maybe GPs do not believe that they should screen for LJM because they don’t observe it frequently, because LJM prevalence in The Netherlands is not high. This is also already mentioned in the manuscript.

2. Method: Please specify who and who the questionnaire was developed.

Thank you very much for this comment, and we believe that the second “who” should be “how”.

The questionnaire was developed by our research team, which was composed of: Geert-Jan Dinant a GP and a professor in Family Medicine Department, Ramon PG Ottenheijm is a GPwSI in Musculoskeletal Disorders, Login Ahmed S Alabdali is a medical doctor with diabetes expertise, Jasmien Jaeken a medical doctor as well, and a diabetes nurse. We all agreed on what information we want to ask for and how we can ask for it, and piloted the questionnaire.

Adjustment made: we added in the Method section that our research team developed the questionnaire (who). We believe that how the questionnaire was developed is already outlined. However, if this remains unclear we would like to be informed what additional information is desired.

3. Discussion: As mentioned above, maybe GP or NP do not screen for LJM because patients with such a symptomatology would surely speak about it spontaneously.

Reply: It might be that the GPs do not see LJM that frequently and that is why they do not believe screening is necessary. Your suggestion might also be correct; they cannot screen for something spontaneously mentioned by the patient. On the other hand, that is also the case for the other complications. Nevertheless, the NPs reported in the questionnaire that they observe these disorders and that it is not spontaneously mentioned by patients.

Pietro Ragni, M.D. (Reviewer 2):

I think it's a very good research, very interesting, carried out with precision and exposed in a correct and captivating way.

Reply: Thank you very much for this very positive feedback.
Reference