Author's response to reviews

Title: A screening instrument to identify ulcerative colitis patients with the high possibility of current non-adherence to aminosalicylate medication based on the Health Belief Model: a cross-sectional study

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Author's response to reviews: see over
Magdalena Morawska,
Executive Editor,
BMC Gastroenterology

Dear Dr. Morawska,

We thank you for your kind e-mail dated Nov 6, 2014, with regard to our manuscript entitled, “A screening instrument to identify ulcerative colitis patients with the high possibility of current non-adherence to aminosalicylate medication based on the Health Belief Model: a cross-sectional study (MS: 6370911291413506), together with the comments from the editor. We are pleased to hear that you are interested in our manuscript for publication in BMC Gastroenterology. We found the editors’ question very useful. Accordingly, we made extensive revisions to the text (marked in bold and underlined). We have attached a point-by-point reply to the editor’s comment below.

Thank you again for your comments on our paper. I trust that the revised manuscript is suitable for publication in BMC Gastroenterology and we look forward to hearing from you at your earliest convenience.

Yours sincerely,

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RESPONSE TO EDITOR:

We wish to express our appreciation for the editor’s comment, which have helped us to significantly improve our paper. We have written the comment in italics, followed by our responses to the comment. In our manuscript, we have used bold and underlined font to show the parts that were revised.

Comment: Authors should clearly include a statement on the lack of disease activity parameter which is a severe limitation of the paper and the model. This should be clearly highlighted as a limitation in the discussion and also in the abstract!

Response:

It’s just as you say, disease activity is one of the most important factors to assess patients’ non-adherence. It is mainly because patients perceive their condition isn’t good and needs their medicine. Therefore we used abdominal symptoms that patients can perceive their condition subjectively, as surrogate markers for a disease activity and visible bleeding was adopted as one of the items of our tool to assess non-adherence. However, visible bleeding might be insufficient to assess disease activity exactly.

Therefore, we added the following text in the Discussion section:

Third, we used abdominal symptoms as a surrogate marker for patients’ disease activity in this study. Disease activity is one of the most important factors to assess patients’ non-adherence. Although visible bleeding was adopted as one of the items of our tool to assess non-adherence, it might be better if we could use some validated disease activity index. We need to evaluate disease activity more strictly and examine whether it is included in the screening instrument. (p.17, line 305 - 310)

We changed the following text in the Discussion section from:

“Third, we set a cut-off point to identify as many non-adherent subjects as possible.” (p.17, line 297 – 298 in the last text)
Additionally, we set a cut-off point to identify as many non-adherent subjects as possible. (p.17, line 310 - 311)

We changed the following text in Abstract from:

“Potential factors of non-adherence were categorized into five components of the Health Belief Model.” (p.2, line 31 - 32 in the last text)

to

We hypothesized that there was a significant relationship between current aminosalicylate non-adherence and five components of the HBM: beliefs about taking aminosalicylates, disease characteristics, medication characteristics, abdominal symptoms, and sociodemographic characteristics. (p.2, line 31 - 35)

“Lower perceptions of belief in taking aminosalicylates were related to non-adherence.” (p.2, line 37 in the last text)

to

Lower perceptions of belief in taking aminosalicylates, absence of visible bleeding, eight daily tablets or less taken, and no concomitant use of thiopurines were related to non-adherence. (p.3, line 40 - 42)

We also added the following text in Abstract:

On the other hand, we need to evaluate disease activity more strictly and examine whether it is included in the screening instrument in the future. (p.3, line 49 - 51)

Thank you again for your comment on our paper. I trust that the revised manuscript is suitable for publication.