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 26, 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 comment 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: *Please provide description from the figure legend on your addition file.*

Response: We changed to the following text in the figure legend to make each figure clearly understandable.

Figure 1:

“**Figure 1** Initial hypothesized model for current non-adherence in this study
UC = ulcerative colitis”  (p.27, line 469 – 470 in the last text)

to

**Figure 1** Initial hypothesized model for current non-adherence in this study
UC = ulcerative colitis
This is initial hypothesized model for aminosalicylate non-adherence and various factors in our study. We assumed the relationships between aminosalicylates non-adherence and 5 categories: beliefs, sociodemographic characteristics, symptoms, disease characteristics, and medication characteristics. (p.27, line 469 – 474)

Figure 2:

“**Figure 2** Receiver operating characteristic curve for the screening instrument for non-adherence
The area under the curve = 0.84, 95% confidence interval = 0.79 to 0.91, N = 426” (p.27, line 472 – 473 in the last text)
Figure 2 Receiver operating characteristic curve for the screening instrument for non-adherence
This is the Receiver Operating Characteristic curve we applied to assess current non-adherence. The area under the curve was 0.84 (95% confidence interval = 0.79 to 0.91). Sensitivity was 85.0% and specificity was 69.2% when a cut-off value of 60 was applied, N = 426 (p.27, line 476 – 480)

Figure 3:

“Figure 3 Observed non-adherence rates by score strata
Cochran-Armitage test for trend, p<0.01, N = 127” (p.27, line 475 – 476 in the last text)

to

Figure 3 Observed non-adherence rates by score strata
The current non-adherence rate increased significantly by risk score strata (p<0.01 by the Cochran-Armitage test for trend), N = 127 (p.27, line 482– 484)

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