Author’s response to reviews

Title: Family involvement in managing medications of older patients across transitions of care: a systematic review

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Family involvement in managing medications of older patients across transitions of care: a systematic review

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BMC Geriatrics

Reviewer reports:

Ralph Möhler (Reviewer 1): Thank you very much for the comprehensive revision, my comments were sufficiently addressed.

Achim Mortsiefer (Reviewer 2): Thank you very much for some carefull corrections and clarifications in the paper. However, I still disagree with the authors who claim, that this work is a systematic review according to the international guidelines how to conduct a qualitative systematic review. For classification of reviews please see: https://eahilcpd.files.wordpress.com/2016/11/review-ready-reckoner.pdf

From my point of view this paper miss the aim of a qualitative systematic review due to the following reasons: 1) the choosen research question „involvement…” is too general resulting to
2) not clear defined inclusion criteria of the studies with the consequence of a lack of a comprehensible systematics. 3) The synthesis of the results of the studies with different research questions and different qualitative and quantitative methods is predominately descriptive and was not performed according a predefined pathway. 4) The used tool to analyse the quality of the studies seems not sufficient to me. However, I think that this is an interesting and well written paper worth to publish, although to my mind as „scoping review”.

Our Response to Reviewer 2’s comments:

We wish to dispute the four reasons made by reviewer 2 that this paper is a scoping review rather than a systematic review. With respect to the reasons proposed by reviewer 2, we provide the following rebuttal to help explain and justify our view.

First, reviewer 2 stated that our chosen research question is too general. We followed the PRISMA checklist in completing the systematic review, which is an evidence-based minimum set of items for reporting on a systematic review. As mentioned in our paper, a specific mnemonic for systematic reviews, PICo, was used to develop the research question. The components for the research question according to PICo are population (families), phenomenon of interest (managing older patients’ medications) and context (transitions of care) [7]. The research question that guided the systematic review is: how are families involved in managing older patients’ medications across transitions of care? This is not a general question and it is of a specific nature to enable a systematic review to be conducted.

Second, reviewer 2 stated that we did not have clearly defined inclusion criteria of the studies with the consequence of a lack of a comprehensive approach to the conduct of a systematic review. Our inclusion criteria were very clearly defined, as determined by the narrow number of eligible papers that were included in the systematic review. Inclusion criteria comprised research of any design, and families of older patients aged 65 years and older. Families were defined as formal relations of older patients or other significant individuals who played an important role in the older people’s lives. Research had to involve older people moving between different settings. Papers were still considered if medication management was not the central focus of the study but was identified within the findings.

Third, reviewer 2 also stated that the synthesis of the results of the studies with different research questions and different qualitative and quantitative methods is predominately descriptive and was not performed according a predefined pathway. In our systematic review, a very
A comprehensive thematic approach was used to synthesise the data, as described on p. 6, par 1 to p. 7, par. 1.

Meticulous line-by-line analysis was undertaken of qualitative studies, and content and structure of themes and subthemes, and the ways in which studies of different research designs were represented and mapped within these themes and subthemes. Our synthesis of the results is more than descriptive – the synthesis represents a critical interpretation of past work.

Fourth, reviewer 2 indicated that the tool we used to analyse the quality of the studies did not seem to be sufficient, from his perspective. We used the Mixed Methods Appraisal Tool, which has been tested for reliability and efficiency. The value of using this tool is that it enables appraisal of various studies of different research designs.

There has been comprehensive development and testing of this tool, as indicated in the following references:


The following published systematic reviews are examples of papers that have used the MMAT as their appraisal tool. There are many systematic reviews in the published literature that have used the MMAT:


We also wish to refer to one of the references provided by reviewer 2, in supporting our stance (see reference: Booth, A. 2015 EVIDENT Guidance for Reviewing the Evidence: a compendium of methodological literature and websites. Sheffield University, Shelfield, https://www.researchgate.net/publication/292991575_EVIDENT_Guidance_for_Reviewing_the_Evidence_a_compendium_of_methodological_literature_and_websites). On pp. 16-18, Booth identifies the defining characteristics of scoping reviews.
• Completeness of searching in a scoping review is determined by time/scope constraints

• Scoping reviews may include research in progress

• No formal quality assessment is required in a scoping review.

• Typically results are provided in tabular form, with some narrative commentary.

• A scoping review does not seek to code and categorise the literature retrieved.

• When conducting a scoping study, a review team may sample selectively, but representatively, from the literature and then extrapolate actual numbers of studies to be included from the sample of studies that they have retrieved.

In our review, we had no time or scope constraints. We did not include research in progress – only completed studies were eligible to be included. We conducted a formal quality assessment in our review. The results were completed using comprehensive narrative analysis with tables summarising the complex information contained in included research papers. We coded our research studies using a detailed synthesis plan. We did not sample selectively – our search strategy comprised examination of the following databases: Cumulative Index to Nursing and Allied Health Literature (CINAHL) Complete (Ebscohost), Medline (Ebscohost), the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library), PsycInfo (Ebscohost), and EMBASE. All authors independently determined the eligibility of retrieved papers for inclusion at the abstract and full text levels.