Author’s response to reviews

Title: Why is asymptomatic bacteriuria overtreated?: A tertiary care institutional survey of resident physicians

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Author’s response to reviews: see over
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Dr. Hilary Logan

The Editor, *BMC Infectious Diseases*

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‘Why is asymptomatic bacteriuria overtreated?: A tertiary care institutional survey of resident physicians’

Dear Dr. Logan

We thank the editors and reviewers of *BMC Infectious Diseases* for reviewing our article. We have made some corrections and changes in the revised manuscript after considering the reviewer’s comments.

We present below a point-by-point response to the comments of the reviewer. We believe that we have adequately addressed all the questions and comments, but if necessary, we would be happy to provide further information or revision. We very much hope the revised manuscript will now be found suitable for publication in *BMC Infectious Diseases*. Thank you for your consideration.

Sincerely yours,
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Responses to Reviewer’s comments

Major compulsory revisions: none. Concerns have been addressed satisfactorily.

Minor essential revisions: none.

Discretionary revisions:

1. Line 69: consider changing "confessed" to "reported"

   We have revised the manuscript as suggested.

In the Abstract, lines 69-70:

Previous: About half of the respondents confessed to prescribing antibiotics for ABU despite knowing they were not indicated.

Revised: About half of the respondents reported to prescribing antibiotics for ABU despite knowing they were not indicated.

2. Lines 135-7: the sentence beginning with "Antibiotic use for ABU..." is redundant, the point has been made in lines 87-8.

   As the reviewer pointed out, it has been already mentioned in the Background section (lines 87-8). However, we think it is better to leave the sentence (lines 135-7) to emphasize our criteria for judging the appropriateness of antibiotic use than to remove it.

3. Line 216: no need to report P value to 3 decimals unless near a threshold of significant or < .01. Similar comment for line 231.
We agree with the reviewer’s comment and have revised the manuscript.

In the Results section, lines 215-216:

**Previous:** No significant association was found between the knowledge score and stage of training \( (P=0.915) \).

**Revised:** No significant association was found between the knowledge score and stage of training \( (P=0.92) \).

In the Results section, lines 230-231:

**Previous:** There was no association between self-reported discordant practice and mean knowledge scores \( (P=0.183) \) or stage of training \( (P=0.409) \).

**Revised:** There was no association between self-reported discordant practice and mean knowledge scores \( (P=0.18) \) or stage of training \( (P=0.41) \).

4. Lines 253-6: this sentence could use clarification. Not clear why pyuria would be thought to "indicate antibiotic use"-- perhaps they mean that pyuria should not be an indication for antibiotic use?

We are sorry that our statement was confusing. We intended to point out that pyuria was an important factor leading to unnecessary use of antibiotics for ABU although pyuria itself is not an indication for antibiotic use. We have revised this sentence to make this clearer.
In the Discussion Section, lines 253-256:

Previous: Pyuria was the most important clinical factor related to inappropriate antibiotic treatment of ABU since pyuria itself does not distinguish UTI from ABU nor does it indicate antibiotic use, being commonly found in patients with ABU, ranging from 30% in young women to 90% in the elderly or hemodialysis patients

Revised: Pyuria was the most important clinical factor related to inappropriate antibiotic treatment of ABU. However, pyuria itself does not distinguish UTI from ABU nor does it indicate antibiotic use, being commonly found in patients with ABU, ranging from 30% in young women to 90% in the elderly or hemodialysis patients

5. Line 299: "in our survey“ could be removed for clarity/brevity.

We have removed the phrase as suggested.

In the Discussion section, lines 299-301:

Previous: We found in our survey considerable discrepancies between knowledge, perception and clinical practice, which made the physician factor significant in relation to the inappropriate treatment of ABU.

Revised: We found considerable discrepancies between knowledge, perception and clinical practice, which made the physician factor significant in relation to the inappropriate treatment of ABU.