Author’s response to reviews

Title: An integrative review of the methodology and findings regarding dietary adherence in end stage kidney disease

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Author’s response to reviews:

Dear Editor

Thank you to the reviewers for the feedback and constructive comments on the manuscript. A number of the suggestions have been incorporated and/or clarified (where required) and the responses to the reviewers are detailed below. Changes to the manuscript are shown in yellow. Page numbers refer to the revised pdf version of the manuscript.

Reviewer: 1

- The research strategy included only the terms 'adherence' and 'end stage kidney disease'. I believe that one more term must be added: "patient engagement". Patient engagement means patient involvement in the decision-making process in matters pertaining to health. So the adherence comes from patient participation to the health.

We agree with the reviewer that patient engagement is an important factor and have inserted additional references within the text to this concept (page 20; line 12-16). However, the focus of this review was specifically to summarise and report the rates of dietary adherence in those with ESKD, which is why this term was not included as part of the search strategy and search terms.
• The second minor point is the adherence to the diet not in dialysis. The management of chronic diseases is complex and probably adherence to drug therapy can be considered very similar to adherence to the diet. It would be interesting to know if there are differences between adherence to therapy and diet.

We agree that this is an important and interesting aspect to investigate. However there was only one study retrieved that reported the actual rate of dietary adherence in those with CKD not undertaking dialysis and only two studies in the kidney transplant population. We have altered the wording in the discussion pertaining to this reviewers comment (page 22, line 4-5) and have highlighted more strongly that it is an important area for future research.

• One more point: is adherence better in patients treated in multidisciplinary teams? The authors discussed the point, but I believe it would be worth discussing more closely the relationship between adherence and multidisciplinary team and patient engagement.

Thank you for this good advice. Alterations to the wording of the manuscript relating to this point have been made (page 20 line 19-21).

Reviewer: 2

• I know that the authors selected papers until 2005 but there are many papers published in the last two years that report different experiences of patient-based nutritional approach. These experiences could help to understand how to measure adherence and to find the barriers to a better compliance. I would appreciate the authors take into consideration also these papers

While we appreciate this advice, the focus of the paper was to summarise and report on the rates of dietary adherence in those with ESKD rather than to report on the different experiences of patient-based nutritional approaches. We have however, included reference in the discussion to
several more recent papers where a flexible and more pragmatic approach to dietary prescriptions are reported and result in improved adherence (page 23, line 8-10).

• I would appreciate if the authors provided more details on why the papers excluded were not suitable for the analysis, these information may also be useful for future research.

Exclusion criteria for the review included any papers during the time period that did not report the rate of adherence. For example many papers reported the mean dietary sodium or dietary phosphate intake but did not report the proportion meeting the reduced sodium or phosphate diet targets and were therefore excluded. Specific wording regarding the exclusion criteria has now been altered for clarity (page 7 line 10).

• It is preferable to talk about "renal diets" rather than "renal diet" as the dietary treatment in CKD and ESRD does not include a single type of diet.

We acknowledge the reviewers comment that there is no one type of renal diet and have now referred to this fact in the manuscript (page 4, line 10-11). We also agree that the term ‘renal diets’ is technically more correct. However, in our experiences from clinical practice the term renal diet is used regularly and understood by clinicians to refer to the stepwise approach of changes in the dietary prescription as CKD progresses. For simplicity in the manuscript we have retained the term renal diet (page 5, line 2).

• It would be interesting to underline the differences between adherence to the nutritional therapy in CKD not on dialysis and nutritional therapy ESRD

We agree that this is an important and interesting aspect to investigate. However there was only one study retrieved that reported the actual rate of dietary adherence in those with CKD not undertaking dialysis and only two studies in the kidney transplant population. We have altered the wording in the discussion pertaining to this reviewer comment (page 22, line 2) and highlighted more strongly that it is an important area for future research.
• Studies included in this review involved an extremely variable number of patients, in fact the author stated that "...sample sizes in the studies varied from 4 people to more than 7000...". Why do the authors include studies with such a small sample size?

Inclusion criteria for the review included any papers that reported the actual rate of adherence including studies with small sample sizes (page 7 line 7). We have accordingly adjusted for this factor, which is why we have reported weighted mean adherence rates.

• Please check the list of the references if the number of the volume and the pages are present in all

All references have now been checked and amended where required