Author’s response to reviews

Title: Exploring the Parkinson patients’ perspective on home-based video recording for movement analysis: a qualitative study

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Author’s response to reviews:

Dear Dr. Ragen,

Thank you very much for reviewing our manuscript entitled "Exploring the Parkinson patients’ perspective on home-based video recording for movement analysis: a qualitative study”.

We have accommodated all editorial requests and the additional reviewer’s comments in a clean as well as a highlighted version of our manuscript.

We hope that with this revision our manuscript is now acceptable for publication in BMC Neurology.

We look forward to receiving your reaction!

With best wishes,

Nienke de Vries
Reviewer reports

This article is interesting and important to the future application of video recording for analysis of conditions of PD patients. However, a few concerns need to be addressed.

We thank the reviewer for indicating the importance of the subject of this manuscript.

The methods are not clearly elaborated. References, 13,14,15 need to be explained more in detail to make the readers easily understand how the analysis is done

Thank you for pointing out that the description of the analyses was not clear. We have added the following clarification on page 6:

‘This means that we both analyzed the data using the themes of the questionnaire as a starting point (deductive analysis) as well as an open approach in which we coded the data without any assumptions (inductive analysis).’

In the results, what is the meaning of “Saturation was reached after interviews with 16 PD patients”?

As stated in the methods section, saturation was reached when a minimum number of three interviews did not result in new information.
Page 6: ‘We considered reaching saturation as a minimum number of three interviews not resulting in new information’

It would be better to have a proportion value of agreement and objection for each category in the themes in Table 1

We thank the reviewer for this suggestion. We have added some percentages of agreement to the table. However, we would like to point out that this is a qualitative study with semi-structured interviews and both deductive and inductive analyses. This means that some questions were asked to all patients (on which we can give percentage scores), but some patients also gave new ideas and suggestions relevant to the subject. In that case, that new information was proposed to the patients being interviewed subsequently, but not to the patients that were interviewed before. Therefore, percentage of agreement does, in this type of qualitative research, not make sense for all feedback given. We leave it up to the editor to decide whether or not to include the percentages to Table 1.

The meaning of Figure 1 is not clear. What calculations of movement parameters can be automatically performed?

On page 5 of the manuscript, we have provided some examples of parameters that can be automatically extracted: ‘We propose a set-up using a Kinect camera which objectively, continuously and non-obtrusively measures motor functioning (i.e. step length, step width, joint angles, walking speed etc.).’

We have also added this information to the figure legend:

Figure 1 In our proposed setup, an automatic body representation is created based on which calculations for movement parameters can be automatically performed, for example step length, step width, joint angles and walking speed.

Given that the prevalence of PD is 1% in age over 60, 16 participants is a very small sample size. That is a significant limitation of this study.

We agree with the reviewer that 16 patients is not a large sample, as compared to quantitative studies, sometimes including hundreds of patients. However, this is a qualitative study in which other methods are applied and, in general, no statistics are being used. As mentioned in the methods section, we performed interviews until saturation was reached (meaning that no new
information was gathered during the last 3 interviews). This is a well accepted methodology in qualitative research. In addition, in the discussion section, we acknowledged that the results of this study cannot be generalized to all patients with PD.

Page 10: ‘Despite the overall positive appraisal of home-based video monitoring by the patients participating in this study, we can not generalize these findings to all patients with PD.’