Author’s response to reviews

Title: Gothenburg Very Early Supported Discharge study (GOTVED): a randomised controlled trial investigating anxiety and overall disability in the first year after stroke

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Version: 1 Date: 04 Oct 2019

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Dear editor!

We have now addressed your points and revised our manuscript "Gothenburg Very Early Supported Discharge study (GOTVED): a randomised controlled trial investigating anxiety and overall disability in the first year after stroke" (NURL-D-19-00422). We apologise for that we missed the corrections prompted by the editor and we have now made the corrections in the author list and in the declaration section. We hope that you find it improved and may allow to be published in BMC Neurology. Below we have addressed the answer to the reviewers.

Reviewer 1

This study is largely well-done and reports on patient anxiety after early coordinated discharge. The finding of non-inferiority at discharge in regards to anxiety is noteworthy for holistic patient health, but it is not ultimately the goal of a rehabilitation program, which is to facilitate re-entry into daily life after injury. As such, the primary interest really should be the health outcomes from the health scales including changes in the NIHSS. As the inclusion criterion was mild to moderate stroke, the authors could focus more on the physical outcome measures, which yielded differences due to the program. This would likely increase the acceptance of the VESD program into more general practice, as I believe is the goal of the project.
Thank you for your comments. You are right in that the main focus should be to re-entry patients to daily life after injury. Our hypothesis is that VESD is one way to do this, which also the result in mRS in favour to the VESD group 3 month post-stroke indicate. Both groups had a relatively low value of NIHSS on the second day after arrival to the stroke unit, 2 in the VESD group and 3 in the control group. NIHSS is not assessed after this occasion since it is not an evaluation instrument to use over time, but merely describes the severity of the stroke in the acute stage. We have assessed motor function with Fugle Mayer Assessment scale at baseline and after 1 year and have now added a sentence about that in the descriptive paragraph in the result section L: 227-229. The primary aim of the present study was to investigate whether VESD with continued rehabilitation from a multi-professional stroke team from the stroke unit affects the level of anxiety compared to ordinary discharge routine. The secondary aim was to evaluate whether VESD is useful regarding overall disability for stroke patients. This is evaluated through mRS, which we explain in the method section L: 137-140.

Otherwise, I have few other comments besides using care with abbreviations and some minor typographical errors.

Thank you for this comment. We have gone through our abbreviations again and a language editor has checked the manuscript.

Reviewer 2

In this article, the authors evaluate the effect of early supported discharge on modified Rankin and level of anxiety. It is an interesting article with importance.

However, it is difficult to reach a conclusion with their data. In the manuscript there is no accounting for premorbid anxiety level/comorbidity. Furthermore, the percentage of patients receiving standard rehab was quite different between the ESD group and control group. This could account for any differences seen at 3 months in mRS.

Also multiple typos and grammar errors throughout manuscript.

Thank you for this comment. A language editor has checked the manuscript

If patients were same at one year in regard to outcomes then I feel like you cannot conclude that ESD was helpful.

Too many dropouts during study.

We agree that there are many dropouts in the study. That is why we decided to increase the numbers of inclusions as we state in the statistics paragraph L: 186-188

The fact that so many patients had to be screened is concerning for data validity.

It is a fact that we had to screen many patients to include 140. We discuss possible causes to this in the discussion L: 279-291
Also most patients had mild stroke so maybe their anxiety level to begin with was not that high (as opposed to those with moderate/severe strokes)-maybe this can account for the lack of differences in outcomes.

Thank you for this comment. We have now added a sentence about the impact of stroke severity on anxiety in the discussion L: 335-336

Reviewer 3

Needs some language corrections before being published

Thank you for this comment. A language editor has now checked the manuscript.

On behalf of the authors,

Best regards,

Lena Rafsten

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