Author’s response to reviews

Title: Health professional views on the assessment and management of foot problems in people with psoriatic arthritis in Australia and New Zealand: a qualitative investigation

Authors:
Kate Carter (kate.carter@westernsydney.edu.au)
Steven Walmsley (s.walmsley@westernsydney.edu.au)
Keith Rome (keith.rome@aut.ac.nz)
Deborah Turner (deborah.turner@westernsydney.edu.au)

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Health professional views on the assessment and management of foot problems in people with psoriatic arthritis in Australia and New Zealand: a qualitative investigation
Kate Carter, MSc.; Steven Walmsley, PhD; Keith Rome, PhD; Deborah E. Turner, PhD
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Dear Dr Michelle Marshall,

We would like to thank the reviewers for their comments and the opportunity to resubmit for publication. We have carefully considered the recommendations, incorporated revisions and have prepared a list of responses below:

Reviewer #1:
1. Page 4, line17 - I wasn't sure if this was saying that foot inflammation is present in psoriatic arthritis patients that are undergoing intensive pharmacological management?

Response: We thank the reviewer for the comment. The statement in the background section is correct: “Despite intensive pharmacological management, imaging studies have shown that inflammation in the foot is detectable in a high proportion of people with PsA [9-11].” Galluzzo et al 2000, Delle Sedie et al 2011, and Healy et al 2009 have provided evidence to suggest that active foot disease persists in many patients despite recent treatment advances and the concept of tight control of disease. Furthermore, research conducted by Professor Deborah Turner and the rheumatology-podiatry team at Glasgow Caledonian University, widely regarded as a centre of excellence in the UK where patients receive
optimal medical management, found over 60% of patients reported current foot pain and had moderate-to severe levels of foot-related impairment and disability.

2. Page 7 - did you ask how frequently the health professionals treat patients with psoriatic arthritis?

Response: We thank the reviewer for the comment. The focus of this investigation was to ask health professionals to share their knowledge and understanding of foot involvement in PsA. We explored the insight and perspectives of health professionals with varying degrees of clinical experience of managing people with PsA and estimated caseloads of PsA patients were not collected. To clarify we have added the range of experience to the results section on page 7 line 53: “The mean (SD) number of years of clinical experience of managing people with PsA among the rheumatologists was 13.9 (7.9) years and for the allied health professions was 13.2 (6.1) years, (range from 3 to 30 years).”

3. Page 9, line 36 - I may be mistaken, but I didn't think I read anything about "poor access to non-specialised podiatry services" in the results or discussion?

Response: We have removed the final bullet point: “Poor access to non-specialist podiatry services” in Table 3 under emergent theme 2 on page 9 line 36.

4. Page 15, line 1 - please spell IA.

Response: We removed ‘IA’ and added ‘inflammatory arthritis’ in the results section in theme 3 on page 15 line 1: “Lack of podiatrists and physiotherapists (in both public and private sectors) with specialist interest, training and knowledge in inflammatory arthritis was a problem reported by the rheumatologists signposting to professional foot care.”

5. Page 17, line 44 - I think "diseases" is supposed to be singular? Page 17, line 46 - this is a long sentence, suggest adding a comma between "PsA" and "and the health professionals".

Response: We have changed ‘diseases’ to ‘disease’ and added a comma in the discussion section on page 17 line 44-46: “Routine use of musculoskeletal diagnostic ultrasound in clinical practice would further optimise the identification of localised disease activity in the foot in PsA, and the health professionals in this study highlighted the training and development of expertise required to accurately interpret image-based findings.”

6. Page 18, line 1 - is the survey for patients?

Response: We thank the reviewer for their comments. In the discussion section (page 18 line 1) we have clarified our intention to conduct a survey for patients: “Future work involves implementation of a survey to obtain information about foot involvement from people with PsA, generating population-based data for Australia and New Zealand.”

Reviewer #2:
1. Overall the paper is well written as is the abstract though I do recommend inserting '...for patients..' between '..poor access' and '..to specialist Podiatry services' then delete 'provision'.

Response: We thank the reviewer for their comment. We have re-worded the results section of the abstract on page 2 line 50: “Frustration was expressed throughout discussions relating to lack of
appropriate training and expertise required for the specialised management of foot problems typically encountered with psoriatic arthritis and poor access for patients to specialist podiatry services.”

2. The Method is well described and rigorous in approach. However, was ethical approval sought? if not then a rationale for this needs to be added. If ethical approval was sought and granted then this needs to be stated.

Response: The manuscript was prepared according to BMC research article guidelines. Statements relating to ethics approval are required under the heading ‘Declarations’ at the end of the manuscript. This is the statement provided on page 19 lines 7-20: “Ethics approval and consent to participate: Ethical approval was granted by the South Western Sydney Local Health District (HREC/171/LPOOL/353), the Auckland University of Technology Ethics Committee (AUTEC 17/320) and the Waitemata District Health Board of Auckland New Zealand (RM/3907). Written informed content was provided by all participants prior to data collection. Consent for publication: Written informed content was provided by all participants.”

3. You state that future work should involve patients and their opinions. It would be good to justify this with a question about whether patients with PsA don’t perceive their foot problems to be related to PsA and hence don’t present to podiatry or inform their consultant. There is some evidence of this related to RA and also SLE.

Response: We thank the reviewer for their comment. This is an interesting point and we have identified this concept as part of our wider programme of qualitative investigations among this patient group. We intent to address this point at an appropriate juncture, but it goes beyond the focus of the current study.

Yours sincerely,

Kate Carter
(Corresponding author)

Corresponding author: Miss Kate Carter
Address: Podiatry department, School of Health and Sciences, Western Sydney University, Building 24, Campbelltown Campus 1797, Sydney, Australia
E-mail: kate.carter@westernsydney.edu.au
Telephone: +61 0410 855 915