Author’s response to reviews

Title: "I have got diabetes!" - interviews of patients newly diagnosed with type 2 diabetes

Authors:

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Author’s response to reviews:

Kirsten Coppell (Reviewer 1):

This qualitative paper sought to describe patients' reactions to being diagnosed with type 2 diabetes and informed about recommended treatments and lifestyle changes, and potential complications of the disease. Participants were diagnosed up to 12 months prior to interview. Understanding how those with newly diagnosed T2DM feel about recommended lifestyle changes as part of their diabetes treatment and their perceived risk of developing complications is a worthwhile and important research question.

1) Overall the paper needs to be more concisely presented, and the grammar needs to be improved to ensure clear communication of the key points. For example, I do not think it is necessary to include statements such as. "Research interviews can bring you closer to problems from the point of view of the interviewees (15)." (Background section, page 4).

Comment:

Thank you for comment. We have reread the manuscript, done an additional grammar check and professional language editing. We have deleted the statement and rephrased the text in the Background section, page 4, line 15-17.

2) Discussing the results within the context of other similar studies that have been undertaken within a relatively short time after diagnosis would strengthen the discussion.

Comment:
Thank you for your comment. Following the recommendation of the other reviewer (comment number 6) we have reorganized the discussion part according to main themes which we have added (Reaction at diagnosis, Lifestyle changes, Medical Treatment, Complications, Information and Communication with the health care staff). This explains even why a part of the references changed number in the reference list.

Regarding your comment we have added some new relevant studies, reference 22-24, and discussed them in the context of our own study results.

We have added some text to the beginning of the discussion section, from page 15, line 1 until page 15 line 17.

Specific comments follow:

**ABSTRACT**

3)* Overall the abstract could be more focused and written more concisely with essential details provided, and reflecting changes made to the main body of the paper.

Comment:

Thank you for your comment. We have reread the abstract and rephrased the text to make the abstract more focused and concise.

4)* While the aim of the study is described, please word it more clearly.

Comment:

We have pinpointed the aim of the study and rephrased the last part of the background section, page 4, line 20-22.

5)* The statement in the conclusions about the study results might help improve doctor-patient communication needs to be revised, as the results do not specifically suggest that communication is poor.

Comment:

We agree that the study did not show that doctor-patient communication was poor. Even so a good doctor-patient communication could focus on issues raised in this study. We have rephrased the text in the conclusions section, page 20, line 1-4.
BACKGROUND

6)* I was surprised to read that "Usually a diabetes patient visits the GP and the nurse once a year respectively, more frequently if needed." (2nd paragraph). Please clarify if the 'once a year' visit is an annual diabetes check-up only, with other visits for glucose monitoring, repeat prescriptions, etc taking place during the year.

Comment:

It is correct that when not having any complications or changes of medication a diabetes patient in Sweden visits the practice only twice a year, meaning meeting the GP once a year and meeting the nurse once a year. We have rephrased the text in the background section, page 3, line 13-18 to describe this more precisely.

7) * Please include references for the statements about the treatment recommendations for lower blood lipids for those with diabetes compared with those without diabetes in the 3rd paragraph.

Comment:

Thank you for comment. We have added references and rephrased the text on page 3 line 30 to page 4 line 3 to be more precise.

8) * The reference (#13) for the comment about people's reactions to a diagnosis of diabetes does not appear to be correct. This particular paper is a review that examines diabetes and quality of life improvements through modifying life style. Suggestions for papers that specifically examine people's reactions to a diagnosis of diabetes include:


Comment:
Thank you for the valuable suggestions on new references which replace the old reference 13 with resulting in new text on page 4, line 7/8.

METHODS

9) * Please explain how the participants were recruited, that is, how was it decided which patients in the practice to approach and invite to participate in the study?

Comment:
We rephrased the text explaining more in detail how the patients were contacted (Participants section, page 5, line 9-17).

10) * Was there a sampling procedure, that is, was the sampling a purposeful selection? Were potential participants invited from a practice list? Was an advertisement posted in the health centre?

Comment:
See comment number 9 above. There was no advertisement posted in the health centre.

11) * Presumably a diagnosis of type 2 diabetes in the last 12 months was an inclusion criteria

Comment:
See comment number 9 above. Moreover to be more precise we have added this in the sentence describing the inclusion criteria, resulting in the revised text page 5, line 11-12.

12) * Were there any exclusion criteria e.g age limits, treated with lifestyle change only?

Comment:
There were no exclusion criteria regarding age limits or medication. We have specified this in the new text page 5, line 14/15.

13) * It would be more informative to include the interview schedule in a table, rather than including a couple of questions in the text (interview subsection, page 5).
As the interview schedule was in Swedish we decided to translate the most relevant questions into English and to quote them instead of including the whole interview schedule in a table. Of course if you still prefer to see the whole interview schedule translated we can provide it to you.

14) Minor - typographical and grammar

* 'The GP had tree general topics…. ' is probably meant to read as 'The GP had tHree general topics…. ' (interview subsection, page 5).

Comment:
We rephrased the text in the interviews section, page 6, line 1.

15) * It would be helpful to define 'meaning units' for readers who are not familiar with this qualitative analysis phrase (analysis subsection, page 6).

Comment:
We have rephrased the text in the analysis section page 6/7, writing even more precisely and giving additional information and explanations not only about meaning units but also other expressions, resulting in a new text from page 6 line 19 to page 7, line 8.

16) * It is not necessary to include reference to results and Tables 2 and 3 in the Methods section (analysis subsection, end of page 6). Also, it is unusual for the first reference to a table being 'Table 2', and not 'Table 1'.

Comment:
We understand your point and choose not to refer to the result tables in the Methods section. Please find new text on page 7, line 5-12.

RESULTS

17) * In Table 1, please include the length of time each participant had been diagnosed with diabetes.

Comment:
Of course this would be interesting. Unfortunately we do not have information about the diabetes duration other than diagnosis was set within 12 months. The participants were not asked about it and we did not retrieve additional information from the patients’ chart.

18) * As Table 2 presents the analysis 'in progress', it could be included as a supplementary table.

Comment:

We discussed this in group and see both advantages and disadvantages. We decided that it is easier for the reader to follow and understand the text with Table 2 nearby when reading the article, and therefore we have not made any changes yet. But of course, if you or the editor insist on moving table 2 to the supplementary part we are more than willing to do so.

19) * Although this is a qualitative study, it would be informative to present the number of participants rather than descriptors such as 'several', 'the majority', 'some'.

Comment:

We understand your comment and have discussed this issue in group. Of course we noticed when aspects were commented on in the same way several times or even all the time instead of only once, leading to the expressions “several, the majority or some”. But bearing in mind that this is a qualitative study, our point of view is that the important part is not exactly how many individuals commented on an issue but which aspects have been commented on and what interesting information has been given. One and the same person can even have expressed himself about different aspects, for example about both denial and guilt This is why we chose not to count and present the exact number of participants giving information in the different fields.

20) * It is described that 'Some succeeded in long-term changes whereas the majority returned to old habits or did not manage to change their behaviour at all.' Is the reference to 'long-term changes' correct, as participants were reported to have been diagnosed with diabetes for less than 12 months? Please alter text accordingly.

Comment:

You are of course right. We have omitted the word “long-term changes” and rephrased the text on page 12, line 1/2.
DISCUSSION

21) * As noted above, it would be informative and help with the interpretation to provide an indication of how many of the ten participants were 'the majority', particularly as 'several people reacted with denial' and 'some participants associated the diagnosis with guilt' (see I. Reaction to diagnosis subsection of the results section, page 9).

Comment:

Please see our comment above regarding your comment number 19.

22) * On page 15, it is stated that 'Diabetes has become a silent disease, easy to ignore in life.' (1st paragraph, page 15) I am not sure that this statement is correct, particularly if complications develop, as in my experience this is usually not the case. However, if it is a correct statement, then it should be referenced.

Comments:

Thank you for your comment. We have rephrased the text to be more precise regarding complications and symptoms and added a new reference regarding diabetes complications (reference number 25). You will find the revised text on page 15 from line 32 till page 16 line 2.

23) * The discussion about lifestyle change would be better informed by explaining what is typically offered to patients with newly diagnosed with diabetes in the study practice setting.

Comments:

We have added a paragraph on page 16, line 8-11, to give additional information.

24) * The discussion about fear of insulin needs to be referenced.

Comments:

We have rephrased the text, page 17, line 2-4 and added the new reference 36.

25) * Visual impairment and blindness from diabetes may not be particularly common complications in Sweden today, but this is not the case worldwide. Perhaps this is because there is a good organised retinal screening system in place, and it is because of this that the physician
does not focus on diabetes eye disease. If this is the case, then this needs to be explicitly stated in order to help determine if the results from this study are generalizable to other places.

Comment:

We have rephrased the text adding information about diabetic retinopathy in the rest of Europe and worldwide, page 17, line 21-28 and added two new references, number 38 and 39.

26) * It would be worthwhile to include comments regarding study limitations in relation to the characteristics of the sample of 10 given it was a predominantly older male group. Do the authors think that the short 10-15 minute interviews elicited all the relevant information?

Comment:

You are absolutely right. We have commented on this aspect and added text to these relevant limitations to the Strengths/Weaknesses section on page 19, line 19-21.

27) * The first sentence of the conclusion is not entirely consistent with the first sentence of the discussion.

Comment:

Thank you for this comment. We have rephrased the first part of the conclusions section on page 19 line 28-32 to make it consistent with our results and the discussion.

28) * The last sentence of the conclusion is somewhat overstated given the results presented. Further, it is not clear what aspect of communication needs to be improved.

Comment:

We accept your point of view and have rephrased the last part of the conclusions section on page 20, line 1-4.

Nancy Sohler (Reviewer 2): This is an important manuscript. I have a few comments/suggestions for the authors:

1) It is not clear to me why some text is italicized. I think this is not common practice for this journal and should be reconsidered.
Comments:

We apologize for the incorrect layout of the text on page 3 and 5 and have corrected it. Later on in the results section the use of both bold and italic text phrases is intended to show the reader the referral to categories, subcategories and quotations.

2) There are several grammatical errors in the manuscript (e.g., "The health care staff and specifically the physician is obliged...(line35)), which should be corrected.

Comment:

Thank you for your comment. We have corrected the text on page 3, line 24 and elsewhere.

3) Along the same lines, typically when abbreviations are used, they are presented in parentheses after the words/phrases that they represent the first time, and then the abbreviations alone used throughout. Abbreviations and their explanations are inconsistently used/explained in this manuscript.

Comment:

Thank you for pointing this out. We have reread the text and corrected the use of the abbreviations when needed, especially regarding the abbreviation General Practitioner (GP).

4a) Paragraph 3 (starting with line 35) would benefit from referring to the published literature on these topics and I am unsure of how the statement about biomarkers (paragraph 4) is relevant.

Comment:

Thank you for your comment. We have added references number 8 and 9 and rephrased the text on page 3 line 30 to page 4 line 3 to be more precise and correct.

4b) However, there have been several quantitative studies published on the topic of patients' views of their diagnoses. I suggest the authors review this literature and explain why their study is needed.

Comment:
Thank you for your comment, which we also received in a similar way from the other reviewer (comment number 8) who even suggested new references. We have rephrased the text and added the new references number 10 and number 11, resulting in revised text on page 4, line 7-13. Further down on page 4, line 20-22 we have rephrased the aim of our study, explaining why it is needed.

5) It looks like the authors followed the methodology (analysis) appropriately and systematically, but it could be explained a little more clearly. (What are meaning units? What is a code group? How does this differ from a theme? What are subcategories? Categories?)

Comment:

We have rephrased the text in the analysis section page 6/7, writing even more precisely and giving additional information and explanations of meaning units, code groups and categories, resulting in a new text from page 6 line 19 until page 7, line 8.

6) The discussion starts with an important statement that I didn't at first see in the data: "...the majority of the interviewees did not express many feelings or had made no important changes in life after their diabetes diagnosis..." I am a little confused about the organization of the discussion section and suggest the authors organize their discussion around main themes. I would work the "findings compared with other studies" into the prior discussion section.

Comment:

Thank you for your valuable comment. We have reorganized the discussion part according to main themes which we have added (Reaction at diagnosis, Lifestyle changes, Medical Treatment, Complications, Information and Communication with the health care staff). This explains why a part of the references have changed number in the reference list. Instead of having “findings compared with other studies” as a separate part further down we worked it into the discussion section according to the themes. Following the other reviewers’ recommendation, we have added some new relevant studies (comment number 2), references number 22-24 and discussed them in the new beginning of the conclusion, page 15, line 2-17

7) Several statements in the discussion should be referenced (e.g., physicians expect that patients should react more strongly”).

Comment:
We have inserted references for statements based on studies (new reference number 3) and rephrased the text otherwise for assumptions not studied before, resulting in the revised text in the discussion section (main theme: Reaction at diagnosis), page 15, line 21-25.

8) I was unable to download supplementary material.

Comment:

There was no supplementary material apart from the cover letter to the editor. We apologize for any inconvenience.