Author's response to reviews

Title: Awareness and current implementation of drug dosage adjustment by pharmacists in patients with chronic kidney disease in Japan: a web-based survey

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Author's response to reviews: see over
Dear Mr. Giray,

Thank you very much for your review of our manuscript (Ms. No.: 5232630913207611), “Awareness and current implementation of drug dosage adjustment by pharmacists in patients with chronic kidney disease in Japan: a web-based survey” submitted to *BMC Health Services Research*, and your kind letter of November 5, 2014. In reply to the comments raised by the Editor, we combined the comments where the answers are related. We hope that the revised version of our manuscript is now suitable for publication in *BMC Health Services Research* and we look forward to hearing from you at your earliest convenience.

Yours sincerely,

Yuki Kondo, Ph.D.

This manuscript was edited by Edanz Group Ltd.
Reply to the Editor

We are grateful to you for the useful suggestions that have helped us to improve our paper. We have taken all of these suggestions into account in its revision. In keeping with your suggestion, we corrected the sentences in our manuscript as follows. In the revised manuscript, the changes are noted in red. Inserted and deleted sentences are pointed out by underline and strike-through, respectively.

Additionally, the revised manuscript was proofread again by an English proofreading service, Edanz Group Ltd.

1. Page 4, Methods: Study design: line 33
A web-based survey using a questionnaire was developed to investigate…

2. Page 5, line 4
Pharmacists were invited to participate in the survey via the relevant pharmacist…

3. Page 5, line 7-8
The timeframe for responding was 1 month (from May 1st to 31st, 2013).

4. Page 6, line 26
…need for “Checking of dosage of renally excreted drugs by pharmacists”, …

5. Page 6, lines 32-35
many more community pharmacists (n=168, 88.4%) than hospital pharmacists (n=13, 13.8%) responded that “Difficulty in obtaining information on patient renal function” was an obstacle to implementation of ADDR. However, few hospital pharmacists gave this response (n=13, 13.8%).

6. Page 8, lines 28-31
These results are consistent with our contention that pharmacist's experience with adverse drug events and/or pharmacotherapy of CKD patients, makes community pharmacists more likely to check prescriptions associated with ADDR policy, careful about checking prescriptions, and as a result, implementing ADDR.

7. Page 9, line 10
…renal impairment alert system is effective in the community pharmacy.