Author’s response to reviews

Title: Information about management of chronic drug therapies prescribed at hospital discharge: does it affect patients' knowledge and self-confidence?

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Author’s response to reviews:

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Hilary Logan
BMC Health Services Research

RE: MS: BHSR-D-16-00058 “Information about management of chronic drug therapies prescribed at hospital discharge: does it affect patients' knowledge and self-confidence?”

Dear Dr. Logan,

Thank you for having reviewed the manuscript “Information about management of chronic drug therapies prescribed at hospital discharge: does it affect patients' knowledge and self-confidence?” to be published on BMC Health Services Research.

We have accordingly attached a copy of the revised version of the paper. All suggestions made by the Reviewers have been taken into account.
Reviewer #1:

a) You state: "Several high prevalence chronic diseases (cardiovascular and respiratory diseases, diabetes, etc..) require a very complex process of care as it involves primary prevention" - please be specific as to what type of chronic care is required. Also, is it the same type of care required for those with CVD vs. individuals with respiratory disease?

In response to this request of clarification, when we have stated that “Several high prevalence chronic diseases (cardiovascular and respiratory diseases, diabetes, etc..) require a very complex process of care as it involves primary prevention” we wanted to point out that these chronic conditions share a complex process of care since several setting points may be in charge of the patient with a chronic disease. We explained this point in the Background section (page 3, 1st and 2nd paragraph).

b) what does chronic illness entail? why is it important to attend to this? Suggest, a theoretical definition for this term be provided. What are clinical pathways and how do they relate to chronic disease? Please add a theoretical perspective to this paper.

As suggested, we have emphasized and provided theoretical perspective of complexity of the approach and management of patients with chronic diseases (Background section, page 3, 3th paragraph).

c) "Non-adherence to treatments " - what treatments? you haven't clearly identified any

In response to this request, we agree that referring to non-adherence might have created misunderstanding, and therefore we have eliminated the paragraph reporting on non-adherence. Indeed, we have specified in all body of the manuscript that our interest was for “newly prescribed chronic medications at hospital discharge” (Background section, page 4, lines 81-85, 87, 90, 93, 101; Methods section, page 5, lines 119-121, etc…).

d) Introduction section needs to be reframed to identify the key variables of interest.

As suggested, Background has been reframed to more clearly identify variables of interest (Background section, page 4, 2nd and 3rd paragraph).

e) Methods section needs further clarification - design, inclusion/exclusion criteria and rationale, sample size calculation, study procedure, data collection tools, psychometric properties of tools --- these need to be clearly explicated

As suggested, we have included in the methods clarifications on design, inclusion/exclusion criteria, sample size calculation, study procedure, data collection tools, psychometric properties of tools (Methods section, pages 5-6)

f) Implications of results not clearly identified - these need to be added.
As suggested implications of results have been more clearly identified (Discussion section, page 12, lines 298-304).

Reviewer #2:

I disagree with the authors that non-adherence to newly prescribed medications at the time of hospital discharge has not been given much attention.

In response to this point we have eliminated the sentence reporting about this issue. (Background section, page 4, lines 81-85).

Methods

Sample eligibility: there is no mention of a cognitive screening process, although it is apparent that one had to occur. And there seems to be an assumption that all patients approached were also responsible for taking their own medications.

In response to this point, we have now clarified in the Methods section that patients that were potentially suffering of a cognitive impairment, as shown by anamnestic data or psychological/psychiatric consultations reported in the medical record, were excluded from the study (Methods section, pages 5 lines 122-124).

Page 6 lines 36 to 46. "Other sources of information… were retrieved… Actual knowledge on prescribed medications and related behaviors were investigated in all participants regardless of source of information." None of this is reported.

As suggested, we have clarified, in the methods section (page 6, lines 140-146) the sources of information reported by patients that had not received counselling by the hospital personnel at the hospital discharge. This has also been reported in the results section (page 8, lines 183-187).

It is unclear to this U.S. reviewer why physicians are responsible for medication education rather than a nurse or pharmacist. More explanation of local practices is needed for a global audience.

As suggested, we have given more explanations about Italian practice related to counselling at discharge (Discussion section, page 9, lines 225-229).
Discussion

Page 9, line 41. "One third of discharged patients did not receive counselling about…" The data presented just indicates that 1/3 did not receive counseling from a physician. It is unknown if the others received counseling from someone else.

In response to this point we have clarified that for those who did not receive counselling from the physician, the only source of information before hospital discharge was the discharge form (Results section, page 8, lines 183-187 and Table 2, pages 20-21).

Page 10 line 32. Regarding the second research question. There was no measure of self-confidence in the study. Therefore, the authors cannot speak to the confidence of the subjects.

In response to this comment, we have now provided in the methods section (page 6, lines 148-150) the tool used to explore patients’ self-confidence in using medicines (Okere AN et al., 2014).

Page 11 line 10. "a sense of trust was attested by the" This is pure conjecture by the investigators.

As suggested, we have eliminated this sentence.

Page 11, line 56-61. "allowed us to assess that when written information is supplemented with physician-patient counseling the resulting knowledge is increased" No data was presented regarding the subjects' written information not was it reported that the group who received counseling were asked about the form at all.

In response to this point we have now clarified in the discussion section that the discharge form is a compulsory part of the discharge process and have reported the information that are contained in it (Discussion section, page 9-10, lines 230-237). Moreover, more detailed results on written information is now reported in Table 2 (pages 20-21).

Page 12, line 37-41. "Further research is needed to investigate effective communication strategies and which particular aspects of knowledge predict adherence to long term treatments…" While I don't disagree that further research is needed in these 2 areas, just completed.

As suggested, we have eliminated this sentence since we agree that these ideas do not seem to be the logical next steps based on our study.

Table 2. the percentages for the physician group seem incorrect. For many variables the category percentages when added exceed 100.
In response to this point, in Table 2 we have reported row percentages, and not column percentages. To avoid this misunderstanding, we have now completed the table with row percentages totaling 100%.

Editorial revisions required:

1) Please change the title of the "Introduction" section to "Background"

As suggested, we have changed the title of the "Introduction" section to "Background".

2) Declarations

Please ensure that your manuscript contains a complete Declarations section, with all of the following subsections:

* List of abbreviations
* Ethics approval and consent to participate
* Consent to publish
* Availability of data and materials
* Competing interests
* Funding
* Authors' contributions
* Acknowledgements.

As suggested, we have included all of the requested declarations and subsections.

3) Further to the above, please clarify in the Ethics approval and consent to participate section whether consent was written or verbal. In the author contribution list, please confirm that all authors read and approved the final manuscript.

As suggested, we have clarified in the Ethics approval and consent to participate section that the consent was written, and in the author contribution list, that all authors read and approved the final manuscript.
My colleagues and I are most grateful for the extremely positive tone of the reviewer comments and we are sincerely honoured to have our paper published in BMC Health Services Research.

Yours sincerely,

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