Author’s response to reviews

Title: A CRITICAL APPRAISAL OF GUIDELINES USED FOR MANAGEMENT OF SEVERE ACUTE MALNUTRITION IN SOUTH AFRICA’S REFERRAL SYSTEM

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Author’s response to reviews:

Dear Editor,

Thank you very much for this opportunity. Please find below my responses to the reviewer 2 comment below:

Responses to Reviewer 2 Comments

1. Title: Change title to 'care for referral', because the analysis of guidelines is focused on the referral system. This would better inform the reader the topic of the paper, and not have other expectations.

   ✔ Thank you for suggesting the phrase ‘care for referral’ in the title, however our scope is beyond care for referral, rather appraises the whole referral system which is composed of clinics, emergency services (ambulances) and hospitals.

   ✔ We have instead, changed the title to “A critical appraisal of guidelines used for management of severe acute malnutrition in South Africa’s referral system”

2. Page 3: Line 7/8: Remove the 2nd sentence as is redundant and confusing with the following sentence.

   ✔ We appreciate your observation, the sentence has been deleted.
3. Line 17: Since you have introduced the SAM abbreviation above, remove "severe acute malnutrition" and use SAM consistently thereafter.

✓ We have replaced severe acute malnutrition with SAM on page 3 line 17. Afterwards, SAM is consistently used throughout the paper.

4. Definition of SAM is still incorrect (see the WHO 2013 guidelines update [1] and the SA operational guidelines [2]): Since the transition from the NCHS to the 2006 WHO Child Growth Standards [3], the use of weight-for-height $z$-score $<-3$ (WHZ $<-3$) was agreed as indications of SAM for children 6-59 months [4, 5], along the MUAC $<115$ mm and presence of bilateral pitting oedema.

✓ We have edited the definition to incorporate the WHO 2013 guidelines definition (also adapted in the SA’s operational guidelines), the previous definition was dependent on Collins et al., (2006).

- It now reads: “SAM is confirmed when children aged 6 to 59 months have a height-for-weight or length of less than 3 standard deviations (SD)/ $z$-score $<-3$, bilateral pitting pedal oedema and less than 115mm upper-arm-circumference (MUAC) during a malnutrition diagnosis” [1, 2].

✓ Furthermore, we have replaced the reference “Collins et al., (2006)” with the operational guidelines ‘NDoH (2015)’ now labelled reference 4. The WHO (2013) was already used in this sentence as reference number 5.


a) I suggest to provide a full description when the first time referenced, E.g. of a suggestion: the 2003 WHO Guidelines for the inpatient treatment of severely malnourished children [6] describes SAM inpatient care in ten steps (the WHO 10-step SAM inpatient care).

✓ We have included a brief description in brackets at the first mention on page 4 as follow “(a WHO 10 step guide for managing and rehabilitating SAM cases at hospital level)”.

b) and next use the same abbreviation consistently. Examples: Page 4 line 60, Page 5 lines 23 and 48, Page 6 Line 15, Page 9, Line 38 etc.
We have tried to maintain the consistency. Please note that WHO 10 steps stands for the guidelines while WHO-Steps stands for the Ashworth et al., (2003) document. Thus, WHO-Steps was first introduced on page 7 ‘in box 1’ furthermore it was thoroughly described in sub-section A of the results section.

6. Also make it clear that the 2003 guidance (which the authors promoted for use in South Africa), covered inpatient care/hospital care only,

✓ We have added the phrase ‘for hospital care only’ in the last sentence of the sub-section ‘aim of the guideline’ of the results sub-section A on page 9. It now reads: “In SA, the 10 steps are embedded in 2 national guidelines (in this study: EDL and IMC-SAM) for hospital use only”.

a) and that the treatment approach has changed since the availability of a ready-to use therapeutic food (RUTF) that made treatment in outpatient care possible, and adapted the diagnosis of complicated and uncomplicated SAM (children are clinical well and alert and with appetite-i.e., passed the appetite test) as decision for referral to hospital care along other IMCI danger signs.

✓ To acknowledge the changes to the 10 steps, we have added a general sentence to the sub-section of the results on the applicability WHO-Steps on page 11. The sentence reads: “It should be noted that the 10 steps have been updated per current evidence thus the revised version and SA’s adapted version respectively found in the 2013 WHO updates on SAM management and the 2015 SA’s operational guidelines for managing acute malnutrition” [1, 2].

✓ We are aware of the availability of the ready-to use therapeutic food (RUTF); however this is outside the focus/scope of this paper (for instance applicability). In the case of RUTF, the applicability concern may be whether all level of care and contexts can have sustainable access, thus it will be discussed in a project that will come after the current submission.

7. Page 16: Line 56, it is not the Lancet articles but the WHO 2013 Update that was decisive, change the reference [1]

✓ We have reworded our sentence to acknowledge use of the WHO (2013) document. The sentence now reads: “the guidelines were informed by the 2013 evidence-based SAM care recommendations made in the WHO guidelines update document and the 2008 Lancet series on maternal and child undernutrition”. The reference has also been added.

✓ We have maintained the Lancet series because they were directly referred to in the SA’s 2015 operational guidelines for managing acute malnutrition document.
8. Related comment: I am surprised there is no reference made to the WHO 2009 and 2013 updated Pocketbook of hospital care for children, as this was much used across Africa for SAM inpatient care [7].

✓ Thank you for this observation. Unfortunately we did not consider the document because it was not referred to during the consultation phase which informed our choice of documents widely used. Regardless, we note its existence and similarity of its content to two of SA’s adapted guidelines for SAM care.

✓ For clarity on its exclusion, we have edited and added words “consolidation and (with the global guidelines adapted for local context)” to our inclusion criteria sentence on page 7. It reads: “Through consolidating subject matter employing expert recommendations (3 child health lecturers, a dietitian, a clinical associate and a doctor) and internet searches (google and government websites), we identified 4 guidelines (3 national and 1 global) that are used (with the global guidelines adapted for local context) in South Africa (Box 1).”


✓ As per the reviewer’s comment, we have added hospital between rural and settings. The phrase now reads ‘in rural hospital settings’.

10. Correct references: 6 and 30 'World Health Organization’.4 and 24 'National Department of Health'

✓ We have made the corrections in our endnote library. The revised WHO references are now 5 and 29 while the NDoH references are now 4 and 23 (see the references in the responses to reviewer notes).

References


The modifications are in track changes format in the manuscript.

Highly appreciative,

Ms. Faith Nankasa Mambulu-Chikankheni