Reviewer’s report

Title: Prevalence, impact and care of foot problems in people with rheumatoid arthritis: results from a cross-sectional survey

Version: 0 Date: 03 Aug 2017

Reviewer: Anthony Redmond

Reviewer's report:

Major comments

This is a well written paper that explores nicely the prevalence and impact of foot problems in RA in a defined population.

Precisely because it is such a well defined population I am less convinced by the aspects focusing on the access to care. My personal recommendation would be to give the care provision aspect much less profile in the paper, but ultimately it is the authors choice. As a minimum however the limited scope of any conclusions to be drawn on access to care (ie only applying directly to Bristol) should be flagged in the introduction and discussed in detail in the discussion. The authors currently have this well defined regionality identified only as a strength of the study.

In the methods the authors refer to the use of t-tests and MWU tests although I could not see any such inferential results reported explicitly. The most likely place these arise in the reporting is on Lines 251-254 (although I had to guess). If this is the case the authors need to be more explicit about their intention in using these statistics. As it stands the data presented relate only to describing their own sample (which would not require P values - use SDs or IQRs). If the intention is to make more sweeping inferential generalizations from this sample to the wider population then this should be made more explicit (and the resulting limitations/implications picked up in the discussion).

On page 11 the authors start to explore predictors of care access, opening with a predictive model that at first includes no distinction between NHS and independent sector but then later on page 12, goes on to address that (NHS/private) issue, but in isolation from other factors. Given that an interaction between SDI and private/public health use is likely and so fundamentally important it would be appropriate to explore this more completely in the LR model.
Minor compulsory recommendations

The title should be amended slightly to ensure that the reader understands immediately that this paper relates to people with RA in the United Kingdom.

Abstract

Line 41. It is not clear to the reader where the denominator of 739 comes from. This needs a brief introduction.

Background

Line 83. The text refers to access to care for patients with RA as a whole. An alternative interpretation could be that these data apply only to people with RA in Bristol (see major comments). I really think the final text needs to reflect this geographical specificity, especially where symptoms and impact are a product of interaction with local health systems.

Methods

Line 122. The phrase 'very likely to be sufficient' is rather vague. Please improve the justification, preferably numerically.

Line 169. See earlier comments re use of t-tests and MWU. If these were used then this line should remark on the use or otherwise of adjustment for multiple tests.

Results

Line 213. Please reconcile the number 254 with the numbers in table 2. I was able to work it out but the reader should not have to.

Line 257. Please justify why the HAQ lower limb sections preclude the use in the multivariate analyses. Again, I can infer why but the reader should have it made explicit.

Line 271. The footnote to the table refers to reduced n because of missing data. In the methods please can you clarify how exactly you handle cases with missing data. You refer to
specifically for the questionnaires but it appears here that missing data actually resulted in the entire dataset for that subject being withdrawn from the analysis. More clarity is needed.

Line 277-279. This section is conflating different aspects of the analysis. Line 277 refers to 'independent sector' while line 288 refers to 'each service' (presumably podiatry/orthotics etc but with NHS and independent sector re-combined). Line 279 then focuses on podiatry care (again presumably NHS and independent sectors combined) but without leading the reader clearly through the arguments. As also noted in the major comments section, the relevance of the effect of SDI on the likely access to NHS vs independent care (as opposed to all care as in the current analysis), really warrants this being addressed explicitly.

As page extent is not a problem for JFAR I would prefer to see the full LR model described in Additional File 2 included in the main text of the paper.

Discussion

Line 304. Please justify the assertion/assumption that this is likely to be a 'true representation'.

Line 325. There are very many possible reasons why access (in Bristol) was better than expected.

Repeated interactions is one but only one. This section warrants much greater discussion.

Line 357. Please provide evidence/justification to support the assertion that there is a lack of podiatrists in the region.

Line 365-368. This sentence is not really discussing the current study but is more making quite firm recommendations. Please de-tune the strength of the assertions here or remove this sentence altogether.

Minor optional recommendations

Abstract

Line 30: suggest add 'but' - to read: …review of patients’ feet, but the extent to which…
Line 36. Suggest for readability breaking up the sentence after 'community based podiatry service'. I.e. two parts, who you surveyed and what you collected.

Line 41. It is not clear to the reader where the denominator of 739 comes from. This needs a brief introduction.

Line 43. Suggest starting that sentence with 'Of the responders, 92.1%....'

Line 51. Needs to be clearer what the 91% refers to. Eg 91% of responders with RA

Line 52. The word 'greater' is not a great fit. Suggest 'better' or 'higher levels of access' as an alternative (or some equivalent phrase of the authors' choosing). This applies throughout the m/s.

Line 54 typo - missing 'is' after 'care'.

Background

Line 61. Suggest minor amend to read 'Continuing foot involvement…'

Line 69. Suggest editing the sentence to read '… studies report that even in RA patients in clinical remission, up to 40% have continuing disease features in the feet.'

Line 72 suggest edit to read '… service provision has been reported to be poor.'

Line 73. Relative to what, please clarify.

Line 89. Again the text refers to accessing foot care with the implication that this means generally, whereas you only have data for Bristol.
Methods

Line 125. Suggest to add for completeness '… reached the chosen target of 400 returned response sets.'

Results

Line 200. Suggest reword slightly to remove vagueness: '… regarded as being adequately representative of….'

Conclusion

Line 388. Missing word '…whereas men *were* more likely…'

The authors might also want to consider making some recommendations for future research and definitely to make explicit the implications for practice.

Level of interest

Please indicate how interesting you found the manuscript:

An article of importance in its field

Quality of written English

Please indicate the quality of language in the manuscript:

Not suitable for publication unless extensively edited
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