Author’s response to reviews

Title: Views of Primary Care Physicians and Rheumatologists Regarding Screening and Treatment of Hyperlipidemia among Patients with Rheumatoid Arthritis

Authors:

Iris Navarro-Millan (yin9003@med.cornell.edu)
Anna Cornelius-Schecter (anc3012@med.cornell.edu)
Ronan O’Beirne (ronan@uab.edu)
Melanie Morris (Mmoris8@uab.edu)
Geyanne Lui (gel54@cornell.edu)
Susan Goodman (GoodmanS@HSS.EDU)
Andrea Cherrington (acherrington@uabmc.edu)
Liana Fraenkel (Liana.fraenkel@yale.edu)
Jeffrey Curtis (jrcurtis@uabmc.edu)
Monika Safford (mms9024@med.cornell.edu)

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Author’s response to reviews:

Division of General Internal Medicine
420 East 70th St., LH-363
New York, NY 10021

Dear Editor,

Thank you for consideration of our manuscript “Views of Primary Care Physicians and Rheumatologists Regarding Screening and Treatment of Hyperlipidemia among Patients with Rheumatoid Arthritis” (BRHM-D-19-00063). We have carefully considered all suggestions and comments by the reviewers and editor and made changes accordingly. We hope that with these modifications, the manuscript will be now suitable for publication in BMC Rheumatology.

Thank you for reconsidering our work.
Sincerely,

Iris Navarro-Millán, MD MSPH
Assistant Professor of Medicine
Division of General Internal Medicine
Weill Cornell Medicine
Division of Rheumatology - Hospital for Special Surgery
420 E 70th St., LH-363
New York, NY 10021
Phone: 646-962-5896
E-mail: yin9003@med.cornell.edu

Editor’s comments:

Indicate if group sessions were transcribed. If not, explain why.

R: All the ideas generated by each participant during the nominal groups were transcribed verbatim and added in Supplement Tables 1-4.

Response to reviewers:

Chang Hee Suh, MD, PhD (Reviewer 1): The manuscript describe the qualitative study about the response of primary care physician and rheumatologist about the screening and treatment of hyperlipidemia in patients with rheumatoid arthritis.

1. It is interesting that the rheumatologists expressed the assessment and management of CVD in patients with RA is fall within their role. However this study was done in the USA, so it is not generalized to other countries. I think there is a need of commenting these.

R: We agree that the study was conducted only in the United States and the results of our study might not reflect practices in other countries. We included this point in the discussion as a limitation.

MT Nurmohamed (Reviewer 2): It's really disappointing to read that cardiovascular risk management is still poorly performed in our daily clinical practice.

With an original approach the investigators demonstrated this in their study about hyperlipidaemia. In my country we face the same problem, however, some areas perform very well.

I have some comments/remarks.
2. Hyperlipidemia, is only one site of the coin, why was hypertension not taken into account?

R: Thank you for this comment. We agree that hyperlipidemia is only one side of the coin. However, hypertension is frequently checked during the clinical encounter as part of the vital signs assessments and this information can be tracked in the medical record as it is collected at every visit. On the other hand, hyperlipidemia is usually the missing piece of information required to estimate the patient’s CVD risk. Therefore, we sought to determine the barriers to obtaining a lipid profile from the physician’s perspective, which is indispensable to calculating the patients’ CVD risk.

3. What were the selection criteria for the rheumatologists and PCPs?

R: We reached out to all physicians for whom we had contact information, as described in the methods. These physicians then self-reported treating patients with RA in their practices. All rheumatologists that participated in the study reported regularly treating patients with RA. Two primary care physicians declined to participate as they reported only seeing 1-2 patients with RA a year. During recruitment, they expressed that they had limited insight regarding CVD risk assessment in patients with RA because of the low volume of patients that they saw. We added these details to the manuscript.

4. The sample size appears to be (too) low as indicated in the limitations section. There musts have been some sample size considerations, please incorporate these into the manuscript.

R: The nominal group technique is a semi-quantitative method that allows researchers to generate prioritized information regarding a problem. Groups of 6-10 participants are conducted until no new information is gleaned (thematic saturation). This can happen after as few as 2 groups, but more often requires more groups. The samples required to reach saturation were 27 rheumatologists and 20 PCPs. We clarified this point in the results section.

5. p 12, line 17/18: "There is a need for interventions", please give examples that were proven to be effective in other populations

R: We added examples of successful interventions in the discussion.