

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Patient-centred care, health behaviours and cardiovascular risk factor levels in people with recently diagnosed type 2 diabetes: 5 year follow-up of the ADDITION-plus trial cohort
AUTHORS	Dambha-Miller, Hajira; Cooper, Andrew; Simmons, Rebecca; Kinmonth, Ann; Griffin, Simon

VERSION 1 - REVIEW

REVIEWER	Timothy Kenealy University of Auckland New Zealand
REVIEW RETURNED	30-Jul-2015

GENERAL COMMENTS	<p>This paper is well and concisely written and addresses an important and contemporary question. It uses data from a study that was ambitious and well-conducted. The methods used and the data collected were arguably as good as possible in a pragmatic trial. The limitations are acknowledged but, I think, leave considerable room for doubt about the 'truth' about the relationships between explored in this group of patients, and doubt about how well these findings generalise to other patient populations.</p> <p>Patient centred care has been defined in many ways, as the authors acknowledge. This is more than a definitional issue but goes to the heart of addressing the question posed by the title. In this study a 10-item unidimensional measure of 'empathy' is used as a proxy for PCC. I am not sure that empathy itself is unidimensional - brief further explanation would help here. PCC by any definition is wider than empathy - brief explanation would help here too.</p> <p>Perhaps the title and related text should be changed to: "Empathy, health behaviours and cardiovascular risk factors ..."</p> <p>The participants are not exactly a cross section of UK adults (being more educated, more employed, more male, more ethnically White) or of other populations. This is presumably a result of the geography of the trial and volunteer self-selection for the trial. This presumably makes the participants relatively 'like' their GPs, making empathy relatively easier to established, and is reflected in the relatively high CARE scores with relatively low spread. Lack of heterogeneity in a key variable can make it statistically impossible to detect relationships with this variable. (The manuscript perhaps should probably read 'due to homogeneity' where it currently reads "... high CARE scores which, due to heterogeneity, will likely have reduced our ability ...")</p>
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	I am asking for more nuanced introduction / discussion / limitations. These should acknowledge: that PCC (variously defined and measured) OR empathy is variably connected to some outcomes; that on one measure of one part of PCC in this study no association with desirable outcomes OR that empathy was not associated; and that homogeneity of participants may limit both power to detect associations and generalisability.
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REVIEWER	Tingting Zhan Thomas Jefferson University USA
REVIEW RETURNED	14-Sep-2015

GENERAL COMMENTS	The authors claim in the abstract that no meaningful clinical evidence is detected. Is this conclusion based on the point estimate ("beta-coefficient") alone, or the entire 95% confidence interval? The authors should think twice if the 95 CI covers a clinically meaningful value. Also I suggest them include the p-values in the abstract (by saying "not clinically meaningful" implies "statistically significant but not clinically meaningful", so including p-values should make this clear).
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VERSION 1 – AUTHOR RESPONSE

We have included an earlier definition of PCC (in the method rather than discussion as suggested). Alongside this in the method is an earlier discussion on the challenges of defining PCC. Additionally, we have attempted to include better clarification of the fact that PCC scores were not different between trial groups at one year, allowing us to pool data. The phrasing has been altered as suggested by reviewer 2 from heterogeneity to homogeneity. Trial registration details have been included within the method and again at the end of the manuscript. Further, we have added in the P values in the abstract as suggested by the reviewers.

We do not however agree that the title or content should be changed from 'PCC' to 'empathy'. The CARE measure is a 'holistic' measure of PCC. Whilst we recognise that the score does indeed have an emphasis of empathy, the references that we have provided for this score demonstrate that it does capture the additional human elements of PCC beyond empathy. We have tried to make this clearer in the text.