

## PEER REVIEW HISTORY

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### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	A systematic review of qualitative research on the contributory factors leading to medicine-related problems from the perspectives of adult patients with cardiovascular diseases and diabetes mellitus
<b>AUTHORS</b>	Al Hamid, Abdullah; Ghaleb, Maisoon; Aljadhey, Hisham; Aslanpour, Zoe

### VERSION 1 - REVIEW

<b>REVIEWER</b>	Hasniza Zaman Huri University of Malaya, Malaysia
<b>REVIEW RETURNED</b>	15-Jul-2014

<b>GENERAL COMMENTS</b>	<p>-This is a well-written article represents a very interesting findings on a qualitative research on the contributory factors leading to medicine-related problems from the perspectives of adult patients with cardiovascular diseases and diabetes mellitus.</p> <p>-Please split and elaborate more the section; strengths and limitations of study.</p> <p>- To avoid bias in reporting, for introduction section, please add another reference (Hasniza Zaman Huri, Lee Chai Ling. Drug-Related Problems in Type 2 Diabetes Mellitus Patients with Dyslipidemia. BMC Public Health 2013, 13:1192 doi:10.1186/1471-2458-13-1192) to support this sentence.....'Studies in the literature, which investigated risk factors contributing to MRPs in patients with CVDs/DM, were mainly quantitative; only few studies were qualitative. Quantitative studies investigating risk factors contributing to MRPs involved either direct observations or were made retrospectively using data extracted from medical records.[12–14]. The suggested reference is also a quantitative study of MRP in DM patients.</p> <p>-Please check the abbreviation 'DMT2' since this is not a standard abbreviation used in 'type 2 diabetes mellitus'.</p> <p>- In methods, under study selection you mentioned...no language limit were.....however in section strengths and limitations you did state ....Moreover, studies of non-English speaking individuals and people seeking palliative care were underrepresented---this two statements seem contradicting --- please explain.</p>
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<b>REVIEWER</b>	Zvonko Milicevic Eli Lilly and Co, Austria Medical School, JJ Strossmayer University, Croatia
<b>REVIEW RETURNED</b>	29-Jul-2014

<b>GENERAL COMMENTS</b>	<p>1. The topic is of significant interests; it seems that the available literature is less than limited;</p> <p>2. The paper is way too long and would require significant editorial work;</p> <p>3. There is a huge heterogeneity across the publications included; this issue is addressed to a very limited extent;</p> <p>4. The authors should have focused on themes that have a more general relevance; long listing of topics from 21 small studies with significant methodological problems is very difficult for the reader to understand.</p>
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### VERSION 1 – AUTHOR RESPONSE

Reviewer 1 comments:

1. Please split and elaborate more the section; strengths and limitations of study.

The strength and limitation section was split and justified to five main points.

2. To avoid bias in reporting, for introduction section, please add another reference [1] to support this sentence.....'Studies in the literature, which investigated risk factors contributing to MRPs in patients with CVDs/DM, were mainly quantitative; only few studies were qualitative. Quantitative studies investigating risk factors contributing[2] to MRPs involved either direct observations or were made retrospectively using data extracted from medical records [12–14]. The suggested reference is also a quantitative study of MRP in DM patients.

Reference added (number 13 in new reference list).

3. Please check the abbreviation 'DMT2' since this is not a standard abbreviation used in 'type 2 diabetes mellitus'.

Abbreviations of DMT2 was changed to type 2 DM.

4. In methods, under study selection you mentioned...no language limit were.....however in section strengths and limitations you did state ....Moreover, studies of non-English speaking individuals and people seeking palliative care were underrepresented---this two statements seem contradicting --- please explain.

When the search was performed there was no exclusion to any of the languages. However, the search results did not yield any non-English studies. This has been clarified in the study selection part and in the strengths and limitation section.

Reviewer 2 comments:

1. There is a huge heterogeneity across the publications included; this issue is addressed to a very limited extent

Heterogeneity across studies in systematic reviews is inevitable; this was the main reason for using narrative synthesis approach to extract information from studies. It is very well known that the process of narrative synthesis considers thoroughly combining ideas from different sources to build a valid theme when there is considerable heterogeneity among studies. In addition, recurrent themes/subthemes that emerged from the included studies emphasised on the low effect of methodological heterogeneity on the findings (Table 2).

2. The authors should have focused on themes that have a more general relevance; long listing of topics from 21 small studies with significant methodological problems is very difficult for the reader to understand.

The results of this review yielded three major themes (patient-, condition- and medicine-related

factors); and 28 subthemes. The number of the subthemes emerged was large; however, these were crucial due to the research being in the exploratory phase. Thus, the lack of similar reviews around the topic and the limited number of studies available urged not to exclude any emerging theme/subtheme. Furthermore, to avoid missing any necessary information, two reviewers evaluated the studies independently; in addition to the main researcher.