

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

Title (Provisional)

Knowledge, Attitudes and Practices among Rosacea Patients in Chongqing, China: A Cross-sectional Study

Authors

Li, Yaoying; Hu, Tianxing; Ge, Lan

VERSION 1 - REVIEW

Reviewer 1
Name Soliman, Sarah Hamdy
Affiliation Department of Dermatology and Venereology, Faculty of Medicine, Tanta University, Tanta, Egypt., Dermatology and Venereology
Date 05-Dec-2024
COI None

Overall the study is good, I have attached a file with my minor comments.

Review for Knowledge, Attitude, and Practice of Rosacea Patients Towards Rosacea

Page	Line	Section	Comment
4	19	Strengths and limitations of this study	This section does not belong here and should be placed before conclusion
6	6	Methods	Exclude references to <u>patients not involved</u> in the study. Start the methods section with the study design and participants, noting that the study included rosacea patients
7	26	Questionnaire Introduction	"The authors should clarify the reason for specifically mentioning anticoagulants. If the concern is due to their interaction with tetracycline, it would be appropriate to mention other drugs with similar interactions. Otherwise, it might be better to remove this reference or provide an explanation for the specific mention of anticoagulants.

21	3	Discussion	<p>The authors should revise this section to include points of strength and limitations (to include the section in page 4 line 19) as follows:</p> <p>"Strengths and Limitations of the Study</p> <p>The study successfully gathered a substantial sample size of 514 valid responses, enabling robust statistical analysis of knowledge, attitude, and practice (KAP) among rosacea patients. The use of multivariate logistic regression and structural equation modeling provided valuable insights into the relationships between knowledge, attitude, and practice, highlighting key factors influencing proactive care among rosacea patients.</p> <p>However, the study's reliance on self-administered questionnaires may introduce response bias, as participants might overreport positive attitudes or practices related to rosacea management. The cross-sectional design limits the ability to make causal inferences about the relationships between knowledge, attitude, and practice, making it challenging to determine long-term trends or effects.</p> <p>Additionally, the study was conducted in a single dermatology department in Chongqing, which may limit the generalizability of the findings to a broader population or different geographic regions."</p>
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Reviewer	2
Name	Taieb, Charles
Affiliation	Patients Priority, European Market Maintenance Assessment, Fontenay sous-bois, France.
Date	08-Jan-2025
COI	None

The study deals with a significant clinical problem: rosacea. It explores patients' levels of knowledge, attitude and practice (KAP), a crucial aspect of improving chronic disease management.

The KAP method is well chosen for analysing patients' behaviours towards their condition.

A respectable sample size (514 participants) ensures statistical robustness.

The use of advanced statistical models (multivariate logistic regression analysis and structural equation modelling) makes it possible to explore complex relationships between variables (for example, knowledge influences attitude and practices).

The study shows significant gaps in patient knowledge, generally positive attitudes, but sub-optimal practices.

Socio-demographic factors influence KAP scores, including gender, age, education and income.

The article offers concrete recommendations for improving patient education, highlighting the importance of targeted and tailored interventions.

All the participants came from the same hospital (Southwest Hospital, Chongqing). This limits the generalisability of the results to other contexts or geographical regions.

The authors do not explicitly estimate the human and financial resources required to implement their recommendations. Although the study identifies gaps in patients' knowledge, attitudes and practices and proposes solutions (such as educational programmes, psychosocial support and improvements to healthcare policies), it does not detail :

the human resources required, given the shortage of staff in the establishments

The associated financial costs, when the time is ripe for budget cuts rather than additional expenditure

In short, although the recommendations are relevant and well formulated, the study does not provide an analysis of the human and financial resources needed to implement them, and if the recommendations are not feasible, you can understand that this poses a problem.

VERSION 1 - AUTHOR RESPONSE

Reviewer 1

Comments to the Author: Overall the study is good, I have attached a file with my minor comments.

Response: Thank you for your positive feedback. We appreciate your time and effort in reviewing our manuscript.

Comments 1: Page 4 line 19: Strengths and limitations of this study

This section does not belong here and should be placed before conclusion

(***editor's note: Please consider, in response to the reviewer, that our journal's format requires a Strengths and Limitations section (max of five bullet points) directly after the abstract and a discussion of the limitations of the study within the Discussion section.)

Response: Thank you for this comment. We have retained the "Strengths and limitations" section after the abstract as per the journal's format requirements. Additionally, we have expanded the

discussion of study limitations in the Discussion section to provide a more comprehensive assessment of the study's constraints.

Comments 2: Page 6 line 6 Methods Exclude references to patients not involved in the study. Start the methods section with the study design and participants, noting that the study included rosacea patients

Response: Thank you for this suggestion. We have reorganized the Methods section to begin directly with the study design and participants, removing the unnecessary reference to patients not involved in the study.

Comments 3: page 7 line 26 Questionnaire Introduction "The authors should clarify the reason for specifically mentioning anticoagulants. If the concern is due to their interaction with tetracycline, it would be appropriate to mention other drugs with similar interactions. Otherwise, it might be better to remove this reference or provide an explanation for the specific mention of anticoagulants.

Response: Thank you for bringing this to our attention. The reference to oral anticoagulants was included in error and has been removed as it is not relevant to our study on rosacea.

Comments 4: Page 21 line 3 Discussion The authors should revise this section to include points of strength and limitations (to include the section in page 4 line 19) as follows: "Strengths and Limitations of the Study The study successfully gathered a substantial sample size of 514 valid responses, enabling robust statistical analysis of knowledge, attitude, and practice (KAP) among rosacea patients. The use of multivariate logistic regression and structural equation modeling provided valuable insights into the relationships between knowledge, attitude, and practice, highlighting key factors influencing proactive care among rosacea patients. However, the study's reliance on self-administered questionnaires may introduce response bias, as participants might overreport positive attitudes or practices related to rosacea management. The cross-sectional design limits the ability to make causal inferences about the relationships between knowledge, attitude, and practice, making it challenging to determine long-term trends or effects. Additionally, the study was conducted in a single dermatology department in Chongqing, which may limit the generalizability of the findings to a broader population or different geographic regions."

Response: Thank you for this suggestion. We have revised the Discussion section as required. This reorganization provides a better framework for understanding both the value and constraints of our research.

Reviewer 2

Comments to the Author:

Comment 1: The study deals with a significant clinical problem: rosacea. It explores patients' levels of knowledge, attitude and practice (KAP), a crucial aspect of improving chronic disease management. The KAP method is well chosen for analysing patients' behaviours towards their condition.

Response: Thank you for your positive feedback.

Comment 2: A respectable sample size (514 participants) ensures statistical robustness.

Response: We appreciate your acknowledgment of the sample size, which enhances the statistical robustness of our findings.

Comment 3: The use of advanced statistical models (multivariate logistic regression analysis and structural equation modelling) makes it possible to explore complex relationships between variables (for example, knowledge influences attitude and practices).

Response: Thank you for highlighting the use of advanced statistical models.

Comment 4: The study shows significant gaps in patient knowledge, generally positive attitudes, but sub-optimal practices.

Response: We appreciate your observation. Our findings underscore the need for targeted educational interventions to improve patient knowledge and practice behaviors.

Comment 5: Socio-demographic factors influence KAP scores, including gender, age, education and income. The article offers concrete recommendations for improving patient education, highlighting the importance of targeted and tailored interventions.

Response: Thank you for recognizing the role of socio-demographic factors in influencing KAP scores. We agree that tailored interventions are crucial for improving patient education and have emphasized this in our discussion.

Comment 6: All the participants came from the same hospital (Southwest Hospital, Chongqing). This limits the generalisability of the results to other contexts or geographical regions.

Response: Thank you for highlighting this important limitation. We have strengthened our discussion of the single-center limitation in the manuscript, emphasizing how this constraint affects the generalizability of our findings across different healthcare settings and geographical regions in China.

Comment 7: The authors do not explicitly estimate the human and financial resources required to implement their recommendations. Although the study identifies gaps in patients' knowledge, attitudes and practices and proposes solutions (such as educational programmes, psychosocial support and improvements to healthcare policies), it does not detail:

the human resources required, given the shortage of staff in the establishments

The associated financial costs, when the time is ripe for budget cuts rather than additional expenditure

In short, although the recommendations are relevant and well formulated, the study does not provide an analysis of the human and financial resources needed to implement them, and if the recommendations are not feasible, you can understand that this poses a problem.

Response: Thank you for this valuable comment. We have added a new section discussing the human and financial resources required to implement our recommendations. We acknowledge the practical constraints in healthcare settings and have suggested a phased approach to implementation, considering resource limitations. We have also emphasized the need for cost-effectiveness analyses in future research.
