Author's response to reviews

Title: Responsiveness of five condition-specific and generic outcome assessment instruments for chronic pain.

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Responsiveness of five condition-specific and generic outcome assessment instruments for chronic pain.
Felix Angst, Martin L Verra, Susanne Lehmann and Andre Aeschlimann

Comments to the revision

Reviewer: Harriet Wittink

1. P. 3, Background: should be more elaborated, by discussion on responsiveness measurement.
   We agree to this comment and have added a 3rd paragraph in the Background to discuss this issue considering additional literature: “There are several methods to measure responsiveness…”

2. P. 3/4 Contradiction to the hypothesis.
   We agree to this comment and have clarified this argumentation by adding the 3rd sentence into the Background: “However, more comprehensive measurement is often tied up with less sensitive assessment in specific domains as shown in various studies…”

3. P. 6/7, Methods, Analysis. Different methods to assess responsiveness.
   We have discussed these methods refering to the proposed ref. Terwee CB 2007 in the Background, 2nd paragraph (see item 1). In addition, we outlined and refered to this issue at the end of the Analysis: “Further information…”

4. Choosing ES or SRM.
   Thank you for this criterion for choosing ES or SRM. We have outlined this issue in the Discussion adding the 5th paragraph (p. 12/13): “The choice of the responsiveness parameter ….” We have searched this book (3rd ed.) in Europe and by Google but we were unable to find it yet. Thus, we cannot rely on the exact content and the book’s pages but we decided to discuss this issue according to the reviewer’s comment. We leave the decision to the editor to keep or reject this paragraph.
   However, we decided to report both parameters to be able to compare our results with as much literature as possible as already stated in the Background, 3rd paragraph (see item 1).

5. Hedge’s g and Cohen’s delta.
   We added the content of this hint by (p. 7, 2nd paragraph): “… sample which is equal to the "Cohen’s delta" in this case.”

6. MCID and minimal important difference (MID).
   We agree to this comment and have clarified this issue on p. 8, Methods, Analysis, last paragraph which has been completely revised. See also Discussion, 4th paragraph: “The MID assessed by the one SEM criterion often is higher than the anchor-based MCID as shown by the given example.”

7. Table 1: ES and SRM of the MCID.
This is a misunderstanding and this has been clarified in the legend to Table 1.

8. SDD, SDD individual=2.77*SEM.
Thank you for this hint which is also described in the refs. of Wyrwich KW 2000 and
Terwee CB 2007. However, the extensive analysis and discussion of important
differences (MID, MDID, SDD) were not in the main focus of the paper; we used them
only for comparison purposes. Thus, we did not outline this issue in further detail as
we already did: see item 6.

9. Describe the overlapping constructs of the instruments.
We agree to this comment and have outlined this issue by adding the 4th paragraph
in the Background (p. 4). In addition, we referred to the previous findings of Wittink H
2004 in the Discussion, end of the 1st paragraph, p. 11.

10. HADS and CSQ as generic.
We agree to that and have outlined that in the Discussion, 1st paragraph, p. 11 by:
“Both, the HADS and the CSQ are to some extent also generic measures being
applicable to various health and behavioural conditions.”

Reviewer: Ulf Jakobson

11. Title too long.
We agree to that and have shortened the title.

12. Comparative studies.
We agree to this comment and have outlined that – besides the extensive
comparative discussion of the results in the Discussion, 6th paragraph – in the
Background, 4th paragraph by: “To our knowledge, there exists only one study …”
Meanwhile, a second study (Hooten WM 2007) has been published and is cited in
the Discussion, end of the 6th paragraph.