Author's response to reviews

Title: Development of an educational intervention for patients with Irritable Bowel Syndrome (IBS) - a pilot study.

Authors:

Gisela Ringstrom (gisela.ringstrom@vgregion.se)
Stine Storsrud (stine.storsrud@vgregion.se)
Sara Lundqvist (sara.lundqvist@vgregion.se)
Berndt Westman (berndt.westman@privat.utfors.se)
Magnus Simren (magnus.simren@medicine.gu.se)

Version: 2 Date: 27 November 2008

Author's response to reviews: see over
Regarding MS: 9268565921279939, entitled "Development of an educational intervention for patients with irritable bowel syndrome (IBS) - a pilot study?"

**Point-by-point response to the reviewers:**

We would like to thank the editor and the reviewers for their valuable comments. We have tried to change our manuscript according to the suggestions as far as possible. By doing this, we think our manuscript has improved substantially, and hope that it is now acceptable for publication. In the revised version we have also added sources of funding for this study.

**Referee 1**

We thank this reviewer for his positive and encouraging comments.

"An intensive program was developed to teach IBS patients about causes, pathophysiology, prognosis, and management of their disorder. Twelve patients completed the program. They felt much better and rated the teaching program positive over the observation period of 12 months.

* This is an interesting teaching program confirming similar but less intense approaches. As the authors themselves state more objective data such as health care expenditures during follow-up should be obtained in a larger and controlled trial.

Thank you very much for these comments. We agree that larger controlled trials with longer follow-up are needed.

* The reference list with 60 titles seems unduly long."

We have reduced the number of references in the manuscript.

**Referee 2**

We thank this reviewer for her valuable comments and have made changes to our manuscript according to her suggestions.

1. More details are needed about how the information needs of patients were used to develop the content of the IBS school (and what their direct input was ie were patients consulted on the content?). Who developed the written information that was given to patients? Was this evidence-based or related to the knowledge of the professionals who delivered it?

We agree that this needs to be clarified and have added the following sentences to the manuscript: “In that study, 86 IBS patients completed a questionnaire regarding knowledge of IBS, which demonstrated that the patients mainly wanted information about what they can do in order to reduce their symptoms, treatment options and causes of the symptoms. Many patients had a lack of knowledge in areas related to pain/discomfort, the role of diet, the risk that IBS will turn into a serious disease and the diagnostic work-up in IBS.”
has recently been accepted for publication in Gastroenterology Nursing, which also has been added in the manuscript.

The following text has been added regarding the written information provided to the patients: “...containing relaxation methods and dietary advice, which is routinely used at our hospital. Handouts, containing the slides from the power point presentations were provided at all sessions except for the last two sessions, where no slideshows were used.”

2. Specifics are needed about how the self-efficacy theory and General Theory of Nursing were used to design both the content of the education and the evaluation methods used. It is not clear how the outcome measures selected actually relate to these theories.

Your point is well taken and we have added text in the manuscript in order to clarify how these theories were used in the study.

“The IBS-school was designed based on the Self-Efficacy Theory, which contains four specific efficacy-enhancing mechanisms: skills mastery, modeling, reinterpretation of physiological signs and symptoms, and persuasion (35, 36). All these mechanisms were considered to be important parts of the IBS-school. Especially, the patients were encouraged to try new treatments and lifestyle changes step by step and evaluate the effects on symptom severity appropriately, before trying something else. Modeling was used by encouraging the patients to share their own experiences of methods and strategies found to be useful in their attempts to manage symptoms. and The General Theory of Nursing (37) also formed a frame for the IBS-school. According to this theory self-care is what individuals do to themselves to regulate their own functioning and well-being. It was assumed that an increased level of disease related knowledge would increase the ability to perform self-care activities and lead to improvement of symptoms and well-being.”

3. How were the pre-IBS school interviews analysed? Did the findings from these interviews influence the content of the education? It would be helpful to have a section in the results describing any analysis done on these interviews. It is a shame that no face to face interviews were done with the participants after the IBS school.

These interviews were not analysed in a systematic way. The aim was to collect information regarding demographic and disease related data from the patients that were not included in the medical records. They also served to clarify to the patients how the patient education was organized in order to enable the patients to judge if they wanted to participate or not. The findings during these interviews did not influence the content of the education directly, but of course the information obtained during this and other interviews with patients influenced the way we informed the patients during the education. We agree with the reviewer that it could have been helpful to interview the patients after the education as well, but when planning the study it was not deemed to be necessary.
4. Need to justify why a generic HRQoL was used rather than an IBS-specific measure.

The main aim of the study was to evaluate if the IBS-school is a proper method to provide information to IBS patients with emphasize on how the patients experienced the education per se. This was evaluated with a seven-graded course evaluation form. A secondary aim was to investigate if effects could be evaluated in terms of HRQoL. For this purpose we used the generic HRQoL questionnaire SF-36, as this measure has been widely used in previous IBS studies at our unit as well as worldwide, and is probably the most well validated HRQOL questionnaire available. This questionnaire comprises two summary scores, which we considered to be adequate in order to fulfill the aim of this study. An IBS-specific measure, such as IBSQoL, could have been included as well, but we abstained from this in order to reduce the number of questionnaires.

5. At this pilot stage, it is important to know what aspects of the education did not work well – e.g. the attendance was not that good given that this was a tightly selected small group – do the authors have any information on why people did not attend sessions? More details on why goals weren’t met or only partially met would be helpful.

We found this comment very useful and have added text to explain why some patients did not attend all sessions, as well as information on whether the goals were met or not.

“Those who missed one or two sessions stated that the reasons were difficulties in taking time off work or finding a baby sitter. The patient who missed three sessions claimed that her IBS symptoms were so severe these days that it was impossible for her to come to the education”

“Goals that were totally met were in the areas of getting knowledge leading to confidence and ability to explain to friends and relatives about IBS and the opportunity to meet other patients in a similar situation. Another goal, “to get control over symptoms”, was only partly met. Some patients expressed that this goal would probably not be totally met until after a longer duration than three months.”

6. A more critical appraisal of the IBS school is needed in the discussion. This is a high intensity intervention requiring the involvement of five health professionals – do the authors think that such an education intervention for this group of patients is something that health service organizations would be willing to pay for?

This is an important comment and we have added the following text in the manuscript:

“Moreover, patient education in the form of the IBS-school in our study could be considered time consuming and costly, why future studies are needed in order to analyze the cost effectiveness.”
Minor essential revisions

1. The whole paper would be improved by someone editing it to improve the translation from Swedish to English – the grammar and terminology is clumsy and awkward in places and there are a few spelling mistakes.

We have tried to revise the manuscript in order to improve the language.

Hopefully this manuscript is now acceptable for publication in BMC Gastroenterology.

On behalf of all the co-authors,

Gisela Ringström and Magnus Simrén