Author's response to reviews

Title: Older Adults are Mobile Too! Identifying the Barriers and Facilitators to Older Adults' Use of mHealth for Pain Management

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Author's response to reviews: see over
RE: BMC MS: 1659747580822502

Dear BMC Geriatrics Reviewer and Editor:

My co-authors and I very much appreciate the thoughtful and constructive feedback we received regarding our recent submission to your journal entitled “Older Adults are Mobile Too! Identifying the Barriers and Facilitators to Older Adults’ Use of mHealth for Pain Management.” “We are grateful for the opportunity to respond to the comments and to resubmit our manuscript for possible publication. The verbatim comments made by the reviewer and the editor are shown below. Our responses are shown immediately after each comment. All major changes and additions to the manuscript have been underlined.

We hope these changes meet with your approval and the manuscript is deemed suitable for publication in BMC Geriatrics.

Major Comments

Methods

It’s not clear from the manuscript how the groups were comprised. Was there a centralized place where you held the focus groups and then each group was made up of participants from the different centers? Or did you complete a focus group at each center where only those participants who lived there participated?

We have incorporated a more detailed explanation of focus group assembly into the methods: “We conducted six focus groups in total (two per site), and focus groups at each site were comprised only of study participants recruited from that site.” Please see page 6.

The participation rate is unclear. First how many persons live at the communities from which you sampled or (visited if they do not live there)? Of those, how many expressed an interest? Of those, how many participated? It appears to be a low participation rate and thus these results may not generalize. This needs to be addressed in the limitations in the Discussion section.

We have expanded the methods section to delineate participation rate. We have included the text; “Of the 125 adults visiting the two centers during lunchtime announcements, 40 (32%) individuals expressed interest. One investigator (SJP) recorded all names and phone numbers of interested senior center clients and phoned them on an as-needed basis until a sufficient number was obtained to populate each focus group.” And, “Thirty of the 40 individuals participated in a focus group (about one in four persons who were present at the lunchtime announcements).” Please see page 7 and 8.
Moreover, it’s not clear how the sample was chosen from the medical practice. It appears to be a convenience sample.

We have added that the medical practice sample was a convenience sample. We have included the text; “First, we recruited a convenience sample of patients from the Wright Center on Aging outpatient practice with the assistance of their primary care physicians… “The physicians were presented with a list of their patients (those seen in the past year) and were asked to identify potentially eligible participants.” Please see page 6 and 7.

Interview guide – How exactly did you use the literature to create your interview guide as stated? Some of the questions appear to be “leading”. For example, “How willing”…was asked.

We have added the following sentence for clarification: “The literature was reviewed for 1) types of mHealth available, 2) proposed use of mHealth in aging populations and 3) use of mHealth for pain management.” Please see page 8.

Other than the 1 site hosting persons in assisted living, did the responses differ by site?

We are unsure about the meaning of this comment. Does the reviewer refer to responses to our focus group questions or to demographic data. As we interpreted the comment to be about demographic data, we have added an explanation of demographic differences to the text. “Participants did vary by site by race/ethnicity. Wright Center on Aging and Lenox Hill Senior Center participants were predominantly non-Hispanic white (85%), while most Central Harlem Senior Center participants identified as African-American (92%).” Please see page 10.

Discussion

Limitations of the sample and generalizability need to be incorporated.

We have incorporated the following text in the discussion. “Our focus groups were convenience samples comprised of selected older patients (Wright Center on Aging) and self-selecting older adults (i.e., those attending two New York City senior centers) with pain problems. While all three sites serve many older adults, only a small number participated in the study. These aspects of our sample may limit the generalizability of our findings. In addition, while we did not record the total number of adults coming to the senior centers each day or those who would be eligible due to a CP problem, it is estimated that as many as 50% of community-dwelling older adults report experiencing a CP disorders [1].” Please see page 16 and 17.

The last sentence of manuscript (conclusion) is overstated. Rather this paper is a first
snap shot of a small group of older adults of their perceptions of mhealth support with their chronic pain management.

We have revised this statement. “This paper offers a snapshot of older adults’ perceptions about pain management and provides a starting point for further investigation into the use of mHealth for older adults with CP.” Please see page 17 and 18.

Minor Comments

Abstract: It’s not clear by the description what “senior centers” entails. Are these communities where seniors live or is this a building dedicated to providing senior programs?

We have added clarifying text to the abstract. Senior centers are described as senior community day visit centers that serve older adults in their surrounding neighborhoods. Please see page 2.

Results: Suggest “Participants reported…” instead of “Participants felt…” as a more accurate statement.

We have edited the text to reflect this suggestion. Please see page 2.

Introduction

a. Page 4. The definition of mHealth in the introduction differs from the one provided in the focus group guide. Which is correct? Is it for “health support” or “healthcare support” or a device used to facilitate patient self-management?

We have revised our definition of mHealth slightly in the introduction as follows: “mHealth represents a subset of telehealth [15] that leverages mobile information-communication technologies such as cell phones and tablets, as well as software applications for each that can provide portable and patient-level healthcare support remotely.”

In defining this type of technology during the focus groups we defined it as follows: “mHealth includes portable devices, such as accelerometers and smartphones, and home devices, such as motion detectors.” Participants were then shown a smart phone. We do not believe these definitions are markedly different from one another.

b. Page 5. Telehealth seems to be used interchangeably with mHealth? What’s the difference between the two terms?

We have added clarifying text to the introduction. Telehealth is all health-related communication technologies, and mHealth is a subset of telehealth that represents mobile technologies. Please see page 4.
Editors Comment

The sentence in the introduction: "Research suggests that telehealth can broadly support the treatment of CP among younger [18-20] and older [17,21,22] adults." Is not clear. Does it mean that we already have the studies in older adults?? This point should be more explicit.

We have revised this statement to more accurately state, “To date, research has demonstrated the accessibility, simplicity, and reliability and efficacy of mobile devices for pain care for non-elderly adults that reportedly facilitate more effective pain monitoring [28-31]. Few studies, however, have focused on older adults.” Please see page 14.

Please let us know if we can better address your comments and if there are other changes to be made to the manuscript.

Sincerely,

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