Author's response to reviews

Title: The effect of family members' psycho-educational intervention on burden of caregivers and psychiatric symptoms of patients with schizophrenia in Shiraz, Southern of Iran

Authors:

Fartkhondeh Sharif (fsharif@sums.ac.ir)
Maryam Shaygan (m2620.shaygan@gmail.com)
Arash Mani (mania@sums.ac.ir)

Version: 3 Date: 18 November 2011

Author's response to reviews: see over
Dear Editor Dr Paul Lysaker

BMC Psychiatry
BioMed Central

Thank you very much for your cooperation and your e-mail regarding our manuscript No 5829309075486853 entitled "The effect of family members’psycho-educational intervention on burden of caregivers and psychiatric symptoms of patients with schizophrenia in Shiraz,Southern of Iran”.

The manuscript has been revised according to the reviewer’s comments and has been resubmitted. We look forward to your positive response.

With Kindest regards

The authors

The detailed correction are listed below point by point.

Referre 1: Dr Amanda Jones

Thank you very much for the very useful comments provided to strengthen our paper. We have addressed most of the comments and detailed corrections are listed below point by point.

Major Compulsory Revisions

More information is needed in the introduction and method sections about the intervention received by the experimental group. In particular:

a. b.c.: What theoretical framework was used to develop the intervention?

We added more information in the introduction and method section. After a comprehensive literature search we decided to use the psycho-educational intervention which is based on supportive and cognitive behavior therapy approach with emphasis on patients and family needs.
b. We used the intervention which was based on the patients and family needs

c. In the design section we explained about the intervention as underlined. Participants in the experimental group went to all sessions and they chose the time which was suitable for them. The participants in both groups were on antipsychotic medication. We didn’t check the kind of medication and their compliance formally but their caregiver in the experimental group was complaining about their patients’ compliance in the sessions. It is necessary to mention that the participants were randomly assigned to experimental and control group and our co-researcher who were collecting data didn’t know which patient and family member is in experimental or control group.

2. More information is needed to aid in interpretation of the result, including the following:

a. more information was added about the BPRS and family Burden Questionnaire.

b. We did repeated measurement for showing the changes over time and deleted the Table 3.

As we mentioned we didn’t check the patients’ type of medication and their adherence to medication but they all were on antipsychotic medication.

Minor essential Revision

1. In the method section, please state whether participants received any incentive for participation, and state the incentive type and /or amount.

The participants didn’t receive any incentive. They were very eager to participate in the sessions to be able to help their patients. We added a sentence in the participant section and we gave them a certificate of attendance and thanked them for their participation.

2. In Figure 1 seems odd. please revise
2 figures (1 & 2) are replaced.

**Discretionary Revisions**

We added few sentences in the introduction before the last paragraph about the family response to intervention.

Reviewer 2: Dr Michelle P. Salyers

Thank you very much for these very useful comments to strengthen our paper. We have addressed most of the comments and detailed corrections are listed below point by point.

**Major Compulsory Revisions**

1. The abstract needs to have more details.

We added more contents in the abstract which is underlined.

2. The introduction needs to include some rationale for testing this in an Iranian population.

We added more contents in the introduction and unfortunately there is no statistics in Iran on how many patients live with or have regular contact with caregivers. But in Iran most families feel responsibility to take care of schizophrenic patients. The stigma of having mental illness and people attitude toward the mentally ill patients is the same as western countries.

3. In study design, the word “blindly” appears misused.

More explanation is given in the design section under the participant parts.

4. In the design section, have a separate subsection to describe the study intervention in more detail.

The other reviewer had comment to add more about the base of intervention in the introduction which we explained in the introduction but
we explained more about the intervention in study design and corrected the hours and number of sessions. Our intervention was according to the patients and family needs.

In some session the consumer were attended with families.

5. Written consent was obtained from care-givers and patients.

6. How were participants recruited? What was the response/participation rate.

We explained about it in the design section and underlined. They recruited from three mental health centers with considering the inclusion criteria and consulting with their psychiatrists in Shiraz and were randomized blindly into two groups.

About the response rate as we mentioned in the text. Five caregiver/patient dyads (two from the experimental group and three from the control group) dropped out before completion of the study for different reason unrelated to the study.

7. The inclusion criteria for patients of no co-morbid mental illness......

We mean patients have no other Axis 1 disorder and thank you for mentioning it. We corrected and underlined.

8. In the description of the instruments, who completed the scales?....

The information is in the participants section and underlined. About the BPRS and Family burden reliability is in the instrument section. In table 2 which repeated measurement has done the mean of burden in both group has been mentioned.

9. With consideration of viewer’s comments about doing repeated measurement test, the research team decided to report the result of repeated measurement test which is more appropriate for showing the changes over time in groups. The details is in Table 2

10. Analysis has been done.(table 2). There was no significant statistical differences regarding demographic data in groups.
11. The figure changed to two figure to become more clear.

12. And 13, 14: Suggestion about discussion section.
   
   We added more relevant studies and content in discussion section

In discussion about the effect of psycho-educational intervention we used the word may instead of can

15. We added few sentence to conclusion section.

16. We added few sentence to conclusion section

17. Experimental instead of case has been used in the abstract

18. In the statistical analysis section, the word “postulated has been Changed.

19. We deleted the table 1 which was about demographic characteristics because it was repeated in the result section of the first paragraph.

20. The second paragraph of the result section is separated from first paragraph now.

21. The second paragraph of the discussion section has changed to two sentence and now is more clear.

22. thank you very much for your advise regarding value for means

23. Table 2 is table 1 now.

24. We did repeated measurement test as another reviewer suggested. Tble 2 is replaced with table 3.

25. We checked the mean for depressive symptoms. It has been changed and corrected.

26. The references has been revised.
Reviewer Dr Nicholas Breiborde

Thank you very much for these very useful comments to strengthen our paper. We have addressed most of the comments and detailed corrections are listed below point by point.

1. In the introduction, the authors added few Iranian studies. Most of the studies are not according patients and family needs. So more focus is on needs assessment before implementing any intervention.

2. Also more contents is added to introduction section regarding psycho-educational intervention. The need based psycho-educational intervention used for all groups with the same content and the same lecturer.

3. The family burden questionnaire and BPRS which is used in Iran by Zoladle and Malekouti (ref29. and ref25) has been added.

4. The reliability for BPRS which is used in Iran by Falahi (ref24)

5. About the Table three there was a mistake in reporting. standard error was reported instead of standard deviation. Now We reported the result of repeated measurement test in this revised manuscript instead of table three (it is table 2 now) as the other reviewers suggested too.

6. Instead of table 3 we reported the result of repeated measurement test to see the effect of intervention over times which also the other reviewers were concern about it. Interaction of time and treatment shows a significant statistically difference.

7. We corrected the content. Other studies didn't mentioned or didn't focused on patients and family needs.

8. Magliano reference has been checked and corrected.
Minor essential Revision

1) In result section the mean age of control groups has been added. Table 2 give information clearly in groups over the time now. (Table 3 in previous manuscript has been changed to repeated measurement test to show the changes and interaction over times).

2) Figure 1 has been divided to two figures to become more clear.