Author's response to reviews

Title: Effect of a psycho-educational intervention for family members on caregiver burdens and psychiatric symptoms in patients with schizophrenia in Shiraz, Iran

Authors:

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Author's response to reviews: see over
First reviewer: Dr. Amanda Jones
Reviewer’s report:

MAJOR COMPULSORY REVISIONS
1. Because many readers probably will not have this information, please add more information about the kinds of services already available to people with schizophrenia and their family members in Iran. You might also want to incorporate the Iranian focus more explicitly into the specific aims listed at the end of the introduction.
Response: The necessary information was added to the “background” section and highlighted.

2. Please add more information about the intervention, how it was developed, and how it compares to other family-oriented interventions in the literature such as family psychoeducation or NAMI’s Family-to-Family. Please also be clear about whether just the family members or the family members AND their associated patients participated in the experimental intervention. A subsection in the Methods just about the intervention might help with this.
Response: We developed our intervention based on the families’ needs and the existing literature in this regard. Also, the caregivers participated in the interventions while the patients in both groups received antipsychotic drug treatment. The necessary information was added to the methods section.

3. In the Methods section, please include information on the population from which the sample was recruited and the recruitment methods. For example, there is mention of recruitment from 3 mental health centers, but nothing about the types of people served at those centers. Do they tend to be people who have been sick for a while? As for recruitment methods: how did the patients and/or their family members find out about the study? Did they answer advertisements? Were they approached by their treatment providers at the mental health centers?
Response: The necessary information regarding was added in the appropriate sections if the methods (Page 3, paragraph 4; page 3, paragraph 3) and highlighted in red.

4. There is mention of a needs assessment, but no information about what needs were assessed and how that needs assessment was incorporated (or not) into the intervention. Please clarify.
Response: The first session as practically a needs assessment session in which we asked the caregivers about the types of issues and problems they have with their patients and what they would like to know about their patient’s condition in order to better organize the interventions. We added this information to the appropriate section in the methods (page 4).

5. I had difficulty figuring out how the Results and Discussion mapped onto the specific aims at the end of the Introduction. Please reorganize to make this clearer.
Response: The necessary Correction were made.

MINOR ESSENTIAL REVISIONS
6. Please review the entire manuscript to ensure grammar is correct.
Response: The necessary corrections were made.
DISCRETIONARY REVISIONS
7. If you have the information available, please incorporate into your participant description any information you have about how long the patients associated with the family members had lived with their mental illnesses.
Response: The patients had lived with their families for at least two years. The necessary information was added to the “participants” section.

Second Reviewer’s report
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
Version: 3 Date: 10 December 2011
Reviewer: Dr Michelle P. Salyers
Reviewer's report:
Although the authors have made some changes, this version of the paper still has many of the problems pointed out in the earlier reviews.
- Major Compulsory Revisions
1. All of the reviewers commented on the context and relative importance of this study in the Iranian context. One of the other reviewers even pointed to specific literature, however those studies are still not included in the introduction. The authors cited another study by Mottaghipour (in Australia?) but not the studies that address family psychoeducation (and other issues of family) in Iran.
Response: Other studies was added to the introduction as requested (background, paragraph 2).
2. In response to reviewers, the authors describe their study as being different because of being based on patient and family needs, but what that really means and how that is important is not clearly described in the text.
Response: We added some sentences in the text to clarify this as follows:
Currently, there are no community mental health centers specifically for following up patients with schizophrenia in Iran. The patients mainly refer to psychiatrists or mental health centers or primary healthcare centers that do not clearly address the specific needs of each family. Moreover, since mental illness is considered as a taboo in our cultural settings and many families are not aware of the needs and illness of their patients, they experience a great amount of burden. Also, the patients or their families do not receive routine non-pharmaceutical treatment such as family interventions. Moreover, we do not have trained professionals in this regard to perform such interventions.
The first session as practically a needs assessment session in which we asked the caregivers about the types of issues and problems they have with their patients and what they would like to know about their patient’s condition in order to better organize the interventions.
3. The description of the study intervention is improved, but the issue of fidelity to the intervention was still not addressed.
4. The internal consistencies of those subscales of the subscales in this sample
5. Last time I wrote that “given the small sample and the trend level of
significance for baseline differences of education and marital status, the analyses
should be redone, controlling for these factors. This is particularly important as
education could be a clear factor in the outcomes.” In the response letter, the
authors refer to table 2, but do not describe controlling for any covariates in the
paper.

   Response: More information about intervention and the scales has been added..
   There was no significant differences regarding demographic characteristics in
caregivers and patients (educational level or marital status). As I mentioned in the
result, the majority of caregivers in both groups had primary education and belonged
to the middle class. As one of the reviewer recommended in the first review, the
demographic table was deleted and these information mentioned in the text.

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6. Aim3, the correlations, are not describe in the results section, but are
discussed in the discussion section. If they remain part of the study, the findings
should appear in the results.
Response: Aim 3 and the content in discussion section has been deleted because it
was not the main goal of the study and therefore the information deleted in the
discussion section.

7. The discussion section suggests that the improvements in patient outcomes in
the treatment group may be due to increasing compliance. In the methods
section the authors now say that family members were asked to report on
compliance. This data should be analyzed to see if it supports the supposition in
the discussion section.
Response: We found that patient outcomes improved based on their caregiver reports
after the intervention. We asked their families after the intervention whether their
compliance had improved and based on their response we reached this conclusion. We
did not analyze this data.

8. The limitations are underdeveloped. For example, the design is unable to
determine whether effects due to social support versus active intervention.

Response: The sentence has been changed.
- Minor Essential Revisions
9. This first paragraph of the discussion repeats sentences from the introduction
verbatim. This should be changed. Also, the description of the Malakouti study is
not integrated with the current study findings. The relevance of that study in this
paragraph is unclear (and it should probably be described in the introduction as
contextual information related to Iranian mental health work).
Response: More information was added and the changes were made and Malakouti study transferred to introduction section.

10. The references are still not formatted consistently. The added text needs editing. There were several typos.

Response: The references has been checked again and rechecked for editing.

Level of interest: An article whose findings are important to those with closely related research interests
Quality of written English: Needs some language corrections before being published
Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests: 'I declare that I have no competing interests'

Reviewer's report
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
Version: 3 Date: 5 December 2011
Reviewer: Dr Nicholas Breitborde

Reviewer's report:
Major Compulsory Reviews
1) The lack of a review of past family psychoeducation studies in Iran in the Introduction is a noteworthy omission in this paper. The authors justify this omission in their response by stating “Most of the studies are not according to patient and family needs. So more focus is on needs assessment before implementing any intervention.” I am unclear as to how this point justifies the omission of this apparently relevant data from the introduction.

Response: Available studies has been added and highlighted
2) In the revision, the authors have attempted to distinguish their work from past studies of family psychoeducation in Iran by noting their focus on “patient and family needs.” Yet, it is unclear how they define “patient and family needs” and how these variables were targeted in the intervention or measured in the assessment. For example, what do the authors mean when they say that they administered a “need assessment” to participants? How is this need assessment-based psychoeducation different from other psychoeducation
programs used in the past?

3) In my previous review, I asked the authors about how fidelity of the psychoeducational intervention was assessed. Although the authors have provided more information about the intervention, I see no information that addresses this question of fidelity.

Response: More information has been added in the text. We developed our intervention based on the existing literature (Ref 28, 29) and families' needs which we discussed in the first session. It has been added in the text and highlighted.

4) In my previous review, I noted that the authors attempted to demonstrate the reliability of the Family Burden Questionnaires by reporting Cronbach’s alphas from other studies. This is not an appropriate demonstration of reliability as it tells us nothing about how the scales performed in the current sample. Reliability data with regard to the performance of these scales in the current sample would be most helpful. Additionally, no information with regard to the reliability of the BPRS is reported in the manuscript.

Response: More information has been added regarding the scale reliability. These two scales have been used in previous studies with larger sample size in Iranian population.

An article of limited interest

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests: I declare that I have no competing interests.