Author's response to reviews

Title: Can pill placebo augment cognitive-behavior therapy for panic disorder?

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Author's response to reviews: see over
Dear Editors,

As I wrote in my last email, I agree with the reviewer in general terms when he wrote “There is a long tradition of pooling results from different measures in meta-analysis by converting results to effect sizes to remove some measurement effects. The differences in the definitions of response for the three studies are likely to be as different as between self report measures used. Heterogeneity in effect sizes that may be caused by different measures can also be empirically evaluated.”

However, in this particular review, the reality is: one RCT reported frequency of panic attack, two reported phobic avoidance, two reported general anxiety, one reported depression, and one reported social dysfunction on continuous scales. As a matter of fact, none of these aspects in itself and by itself constitutes the global severity of panic disorder. I simply find it very difficult to pool them. This is really different from depression trials, in which many use HAMD, some MADRS, and some BDI and a few others CES-D or HADS etc etc, all of which are supposed to reflect at least to a certain degree some one-dimensional severity of depression.

In accordance with your recommendation to make a comment on the issue raised by the reviewer’s comments, we therefore added the following sentences (in italic) to the last paragraph of the Discussion section.

“Thirdly, the response rate had to be imputed in one of the three studies [14] based on the panic frequency, which likely not reflect the whole panic disorder psychopathology. Deleting this study, however, did not affect the outcomes (RR=1.24, 95%CI: 1.00 to 1.54 at the end of acute phase treatment, and RR=1.28, 95%CI: 0.91 to 1.80 at 6-24 months after treatment
discontinuation). We were also unable to conduct detailed meta-analyses of continuous variables presented in the identified studies because each rated some different aspects of panic disorder. For example, one RCT reported frequency of panic attacks, two reported on phobic avoidance, two reported on general anxiety, one reported depression and one reported social dysfunction on various continuous scales. The field would certainly benefit from wider-spread use of a more common metric of overall panic disorder severity, such as the Panic Disorder Severity Scale [11, 21]."

We regret that we cannot do any finer analyses but a systematic review is naturally limited by the studies that have been identified. We hope that our manuscript is now acceptable for publication.

Sincerely yours,

Toshi Furukawa