Author’s response to reviews

Title: Are joint and soft tissue injections painful? Results of a national French cross-sectional study of procedural pain in rheumatological practice.

Authors:

Serge Perrot (serge.perrot@htd.aphp.fr)
Françoise Laroche (francoise.laroche@sat.aphp.fr)
Coralie Poncet (coralie.poncet@bms.com)
Pierre Marie (pierre.marie@bms.com)
Catherine Payen-Champenois (catherine.payen-champenois@bms.com)

Version: 5 Date: 11 November 2009

Author’s response to reviews: see over
Dear Editor,

Thank you for all your last comments on my manuscript dated November 2, 2009. We have included corrections according to reviewer’s demands and comments.

Here are my point-by-point responses to the reviewer. All these corrections have been taken into account in the revised version of this manuscript.

Reviewer: Wolfgang Pichler

We have corrected the typing errors in the reference section.

Reviewer: Donna Urquhart

1. Major revisions:

1.1 Type of procedure:

Univariate analysis on the pain responses associated to different procedures did not demonstrate significant differences according to the type of procedure i.e. joint aspiration, steroid joint injection, hyaluronic acid joint injection, anaesthetic joint injection… Therefore we did not include this analysis in our study.
1.2-Verbal scale used:

The verbal rating scale is a commonly used scale, easier to understand than Visual Analog Scale. It has been validated in many studies and is one of the three most commonly used scale (Ref: Williamson A, Hoggart B. Pain: a review of three commonly used pain rating scales. J Clin Nurs. 2005;14:798-804).

1.3-Was the intensity of patient’s pain assessed before the procedure and influenced the procedure-related pain:

Indeed, patient’s pain intensity before the procedure was assessed, during the previous week before procedure: underlying pain was considered as severe by 37% of the patients, moderate by 48%, mild by 14% and absent by 1%. As it is mentioned on page 9, univariate analysis demonstrated that it was a significant factor (p<0.001) for procedure-related pain.

1.4-Assessment of rheumatological practice duration:

Since we wanted to provide a short questionnaire to rheumatologists, we did not directly asked rheumatologists on their numbers of years of practicing but extrapolated it indirectly from their age. We acknowledge that this is an approximate measure.

1.5-Ethical approval was obtained (from National Ethical Committee) and all patients provided informed consent before procedure. This has been added in the manuscript.

1.6-Rheumatologists invited to participate in the study:
The study was proposed to 1800 French rheumatologists with private practice. After 2 contacts and propositions, 339 rheumatologists accepted to participate. Finally, of these 339 rheumatologists, only 252 rheumatologists have participated actively in the study and have recruited patients. The demographics of these rheumatologists were compared to the global demographics of French rheumatologists and did not demonstrate significant difference, according to age, sex-ratio, number of years of practicing, location.

1.7-Number of patients invited to participate in the study, demographics
Rheumatologists were invited to include all consecutive patients, within a month, that needed joint procedure. Since this was an observational study, and because we did not want to burden the assessment procedure and the protocol for participating rheumatologists, we did not ask rheumatologists to assess patients who do not accept to participate in the study.

1.8- Categories for “underlying pathology”.
Proposed categories used for underlying pathologies were not mutually exclusive. They were detailed for analysis.

1.9-Data for patients that have undergone more than one procedure:
When patients had more than one procedure, each procedure was considered separately, and assessed separately. This statement has been added in the statistical method section.

2.Minor revisions:
2.1.”Significantly” has been removed
2.2.”TVF database” is a trade-name and there is no full name for this.
2.3. Significance level selected was 0.05

2.4. Tunnel syndrome refers to carpal tunnel syndrome that is the most known, but also to tarsal tunnel syndrome, as there are many tunnel syndromes in the body.

2.5. Indeed, type of drug was not a significant factor for procedural-related pain.

2.6. ”Differenciated” has been changed to “differentiate”.

2.7. ”emphasize” has been changed to ”emphasized”

2.8. Percentages in the figures 2 and 3 have been explained, corresponding to the percentage of each verbal rating category for each site of procedure.

Finally we have changed the title according to reviewer’s # 2 demand.

We hope that our manuscript will be suitable for publication. We thank you very much for your consideration of this revised manuscript.

Sincerely yours,

Prof Serge Perrot
Service de Médecine Interne et Thérapeutique
University Paris Descartes, Hotel Dieu
1 Place du Parvis Notre Dame
75004 Paris, France
serge.perrot@htd.aphp.fr