Author’s response to reviews

Title: Sexual health for women with RA in relation to physiotherapy - a qualitative study

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Author’s response to reviews:

Dear Biomed Central Editorial

We thank You for all valuable comments on our manuscript and all suggestions for improvements. We have now improved the manuscript according to Your suggestions and hope that it now can be published.

The following improvements have been performed:

Reviewer 1: Willy van Berlo

Reviewer's report:
1. A sample of 10 is really small, it is a pity the authors did not include a few more patients in the study (preferably 20 or 25).

Answer: We have commented on the fact that we had a sample of 10 in the method discussion in the following way: The phenomenological method inclines that small sample size is sufficient to explore the researched phenomena (Hale, Treharne et al. 2008) and to ensure that the collected data can be fully explored.

2. From a sexologist point of view, some of the results are not very startling. The conclusion that sexual health is considered as a phenomenon with physical, psychological, emotional and relational experiences is an obvious one, and well known to the readers (I hope). The indirect influences on sexual health are also a bit obvious, especially when it comes to the physical effects. The citation that an RA-patient 'feels handicapped', or that 'it affects one's health somehow' does not give new insights I guess. The interesting part is of course the impact of (physical) constraints on sexual health.

Answer: We have shortened the result section in the following way and rephrased the conclusion.

3. What struck me was that the respondents had not reflect on improving their
sexual health, but had quite a few suggestions how to do so (although, again, not all of them were that conclusive, f.e. 'less pain' and 'increased sexual desire' as such are not very interesting remarks; how to achieve this is the relevant question here). Why don't these women improve their sex lives, did the researcher ask?

Answer: We have included more data from the interviews concerning improvement of sexual health in the subheadnings of Possibilities to improve sexual health in the results and the discussion.

4. The most interesting section of the article, and the most contributing to the body of knowledge is the part on the effects of physiotherapy. I think this topic deserves a more elaborate study, for which the present study could serve as an interesting pilot.

Answer: We agree on that and in the discussion recommendations for further research are made, as for example: There is a need for further research concerning whether physiotherapy treatment directed at improving sexual health for women with RA can get positive results, or whether effect of physiotherapy on sexual health only can be seen as an indirect co-effect of physiotherapy interventions in general. There also is a need for research concerning which physiotherapy interventions are most efficient to use in order to improve sexual health, in order to evaluate direct effect of physiotherapy on sexual health.

Reviewer 2 : Talli Rosenbaum

Reviewer's report:

1. Style and language: The manuscript should be carefully reviewed for spelling and grammar errors

Answer: The manuscript has been language checked again.

2. Methodology: The authors did a qualitative study. I would appreciate the review of an expert in qualitative methodology for an opinion as to the relevance of this method for this particular subject. Generally, explorative method is appropriate when studying a phenomena that has not yet been studied. However, regarding RA and sexuality, there exist some studies already and this is noted by the fact that there were several references in the literature review. Note additional references of value.


Goemaere, S, Ackerman, C, Goethals, K, De Keyser, F, Van der Straeten, C,

Answer: Thank You for Your comment. We have read those articles and agree that they can be valuable in this study and have included them in the discussion to deepen the understanding of the results.

3. There are several problems with methodology:
The authors should operationalize concepts and measure them in some way. Were specific questions asked and were any sort of scales used to measure sexual function, mobility, pain with sex, frequency, desire, etc? Even for a qualitative study, ten is a very small number from which to draw useful information. With such a small number, the method needs to be idiographic with more contextual information gleaned.
From an ethics point of view…were subjects offered counseling or treatment resource?
Could the authors have offered a table with the demographic information of the respondents and a list of specific questions asked? The paper should be significantly shortened.

Answer: The aim of this study was to describe women´s experiences of sexual health when living with RA. The aim was here to invent all possible definitions and experiences of sexual health without limitations by pre-defining any concept in the interview guide. We have commented on the fact that we had a sample of 10 in the method discussion in the following way: The phenomenological method inclines that small sample size is sufficient to explore the researched phenomena (Hale, Treharne et al. 2008) and to ensure that the collected data can be fully explored.

The interview guide is included, see table 1. As You suggested we have included more contextual information about the informant. A table of the informants has not been included since the small sample size might reveal too close information about the informants, which could be a treat to confidentiality. We present the group as whole and included median values when possible.
The subjects were not offered any counseling or treatment resources.
The phenomenologic analysis has been re-analysed, deepened and the article has been shortened and condensed.

Reviewer’s report
Reviewer 3 : Mari Bjorkman

Reviewer’s report:
1. The study deserves presentation, but the manuscript appears unfinished,
prematurely submitted, and has to be thoroughly revised.

Answer: The results have been re-analysed and revised see results section.

2. The WHO definition of sexual health should be included in the list of references. The International Classification of Functioning, Disability and Health should be included in the list of references. MER.

Language, eg. “To receive such a well-being also requires…” I suppose the authors mean “to obtain, to achieve” The description of sexual health difficulties due to RA could be somewhat tightened up or condensed.

Answer: The references have been included in the reference list. The manuscript has been language checked again. The article has been shortened and condensed.

3. The aim of the study that is presented in the manuscript is not sufficiently precise. What is aimed by exploring sexual health “in relation to” physiotherapy should be reworded in a way that explains what is intended to explore

Answer. The aim has been changed to: to explore women’s experiences of sexual health when living with RA and their experiences of physiotherapy in this context. The title has been changed to: Women’s experiences of sexual health when living with Rheumatoid Arthritis – a qualitative study

4. Method

Has to be specified:
- Were interviews individual or group sessions?
- The interview guide should be presented or described.
- There are two authors – who conducted the interviews?

The description of phenomenology and the Giorgi method should be presented together, not different places in the manuscript.

The description of the Giorgi method is a bit unclear in relation to the material.

The step 2 presented refers to “the psychological perspective” and “the researched phenomena”. These phrases could be substituted with the concrete perspective and phenomena explored. Step 3 – what is meant by “the psychological insight”? This is not a study of psychological phenomena? MER.

The recruitment process has to be described. MCR.

The section describing the informants should be condensed or tightened up, maybe presented in a table. DR. It includes a reference to “the ACR criteria”. These criteria should be either briefly presented, including a reference, or omitted
(They do not seem necessary to describe the participants.). MER. “Biological medications” and “DMARDs” should also be briefly described, reworded or omitted. DR.

Answer: The method section has been revised to include the requested information. The section describing the informants has not been shortened since recommendation from another referee was to include more information concerning the informants. A table of the informants has not been included since the small sample size might reveal too close information about the informants, which could be a treat to confidentiality. We present the group as whole and included median values when possible.

Results - MCR
The analysis of the material appears far from completed.
There are four main themes, with a total of 15 subthemes. The subthemes under each main theme are of similar wording, so that it seems that a semi-structured interview guide with preformed categories has been employed. Therefore the interview guide should be accounted for (see above). If preformed categories have been used, the authors should illuminate how this is related to the principles of phenomenology.
Of the four main themes, only one theme concerns physiotherapy. That is not negative in itself, but it does not correlate well with the aim of the study. Therefore, either the aim or the analysis should be reconsidered.
The presentation of the results is characterised by lists of quotes from the informants. Such lists of quotes strongly suggest that the analysis is unfinished. The researchers should read and interpret the statements of the informants, and then present their interpretations to the readers. The interpretations may be illustrated by a few quotes, ideally one per (main) theme. Furthermore, most of the numerous quotations do not give informative descriptions of the phenomena of sexual health, and should also therefore be omitted.
The number of themes may be reconsidered, depending on the interview method. If there were preformed categories, the existing division into themes may be relevant, and an improved analysis may enhance the readers’ learning. If, on the other hand, the themes emerged directly from the interpretation of the informants statements in a more classical phenomenological approach, the material should be analysed again looking for fusion of subthemes and reduction of number of themes.

Answer: The phenomenologic analysis has been re-analysed, deepened and the
article has been shortened and condensed.

Discussion
Some parts of the discussion seem to belong to the result section instead, as for example the first sentence under the subheading “What is sexual health?” The discussion sees the results in relation to existing research in a good way, but again it could focus more on the aim of the study, i.e. the potential of physiotherapy to improve sexual health. DR.

I miss an elaboration of the connection between physiotherapy, increased physical activity, and sexual health, which I understand is the main focus of the study. Does increased physical activity in itself improve sexual health, or is improvement dependant on physiotherapy? Is improvement mediated by improved bodily self esteem, increased strength, decreased pain etc? Such aspects are discussed, but could be more extensively discussed. DR.

The limitations and strengths of the study should be indicated. MER.

Answer: The discussion section has been revised and the section on physiotherapy has been extended. Limitations and strengths of the study are indicated in the discussion section.