Author's response to reviews

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

Authors:

Kristina I Areskoug-Josefsson (kristina.areskoug@telia.com)
Gunvor Gard (gunvor.gard@med.lu.se)

Version: 3 Date: 11 June 2010

Author's response to reviews:

Cover letter

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. First and most important: this article is about a qualitative study including 10 respondents. Ten is a really low number for qualitative research. However, the results of a study like this can be used in a descriptive and explorative way, when it concerns a new phenomenon or a new topic in the research on RA and sexuality, such as the influence of physiotherapy on sexual functioning. And even then, I would consider it as a pilot, with promising results for further research. This should be the aim of this study. A qualitative study with 10 respondents on sexual functioning of women with RA cannot be the issue. There is more research, with more robust samples, on this subject. It is all right to describe the sexual experiences and use quotations, which are very informative, but these should not be presented as a result as such, but only in the context of the aim of this study: the influence of physiotherapy on sexual functioning.
Answer: There are several studies of sexual function for women with RA, but not qualitative studies of women’s experiences of sexual health as a whole, in an explorative way. The aim of this study is to explore sexual health in relation to physiotherapy for women living with RA.

We agree that this is an explorative first study in this field. We have therefore added the “explorative” to the title the methods section. We consider the sample size to be acceptable for this first explorative study. We have commented on the fact that we had a sample of 10 in the method discussion in the following way: The phenomenological research approach 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.

We have described the results according the research approached described in the methods section.

2. p. 6: According to Giorgi’s recommendations etc.: I do not understand this phrase, what is meant here? Either leave out or explain.

Answer: This sentence has been removed from the manuscript.

3. The information given in the discussion about one of the respondents belongs in the results section.

Answer: Since the sentence concerns the method chosen for the study and the discussion of this method this sentence is kept in the discussion.

4. My earlier remark about suggested improvements to sexual health is not sufficiently addressed: The women suggested quite a few possible improvements (some of which are pretty obvious, such as decrease of pain and increase of arousal), but did they actually make achievements in this respect? Did physiotherapy help?

Answer: This is an explorative qualitative study for women of how they experience sexual health as a whole, so in this perspective all results are of interest, even if some of the results confirm earlier studies.

In the results section under possibilities to improve sexual health the patients’ experienced effects of physiotherapy are described.

5. The conclusion needs reconsideration: the first one is a fact (see also below) and overlaps with #2, which is more relevant. With regard to #3: physiotherapy is
the issue here; decrease of physical difficulties is too obvious

Answer: The conclusion has been rewritten and the former first conclusion has been removed.

• Sexual health was affected by RA in different ways for the informants.
• Negative impacts of RA on body and life were experienced.
• Possibilities to improve sexual health were improved partner communication and physiotherapy.
• Physiotherapy can play an active role in improving sexual health for patients with RA.

In general, the text needs revision on some points, both with regard to the phrasing and the level of the English language, grammar and spelling.

Answer: The article has been language checked again.

p. 3: sexual health difficulties due to RA can appear before, during and after sexual activities: sexual difficulties and the causes of sexual difficulties are mixed up here. Pain, decreased mobility etc. are not sexual difficulties. Equally, fatigue pain, etcetera, cannot be perceived as sexual difficulties, they can cause sexual difficulties, such as decreased sexual desire, decreased arousal, problems with orgasm and decreased satisfaction. Moreover, the addition before, during and after sexual activities is not relevant. A decrease in desire sometimes leads to no sexual activity at all. Even so, sexual dissatisfaction can also occur because there isn’t any sexual activity.

Answer: This section has been rewritten.

Sexual health difficulties due to RA can include decreased sexual arousal, decreased sexual desire and decreased satisfaction.

p. 9: Sexual health was experienced as a multidimensional .... This is not a new or sensational result. In fact, the science of sexology is based on a biopsychosocial model. A relevant result here is that the respondents obviously experience and describe it as such. Please present it that way. Besides, the
sentence is not right: sexual health is not a relationship and sexual health containing sexual aspects is too obvious ..... 

Answer: This has been rephrased.

Sexual health was experienced and described by the informants as containing both a physical and psychological dimension.

p. 11: the paragraph starts with possibilities to increase sexual health (did the respondents get a brochure with suggestions? This is not clear),

Answer: The informants did not get any brochure or additional information. The section is based on what the informants revealed during the interviews.

and half way p.12 the text suddenly turns to the effects of physiotherapy. This is the most important part of the article and should be elaborated.

Answer: The text has been elaborated and the section has been rewritten.

p. 13: what has a polo neck to do with sexual health?

Answer: The intention was to show how touch (within physiotherapy) could play a part in accepting being touched in other situations (by clothing and by other persons). Since this did not come through clearly, the citation is removed from the manuscript.

p. 14: is phenomenology a method? I don’t think so.

Answer: Phenomenology is a qualitative research methodology and the word method is removed.

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.

Reviewer’s report

Reviewer 3 : Mari Bjorkman

Reviewer’s report:
The manuscript has been substantially improved. However, I do not think it is ready for publication yet. The manuscript has good potential, and can become a good article through a second revision. The need for revision concerns the results chapter and the result discussion section. I think the rest of the manuscript is good, but I have a few small comments before I comment more thoroughly on the mentioned chapters.

The description of the informants could include the name of the region where the study was conducted, or at least the name of the country.

Answer: The name of the region where the informants lived has been included in the informants section, p.6.

Medication is described, which is good, but I am not familiar with the term “biological medications” and I ask that it is either explained or named differently.

Answer: A sentence describing biological medication has been added.

Biological medication is treatment designed to stimulate or restore the ability of the body’s immune system to fight infection and disease.

The informants should not be labelled patients.

Answer: This has been corrected.

3 informants used biological medication, 4 had other DMARDs, 1 had no DMARDs – what about the remaining 2 informants? When the number is so accurate, I think all informants should be described.

Answer: This has been corrected.

I agree with the authors, contrary to the other reviewers, that the description of the informants is sufficient and should not include a table of demographic information. Too detailed information may lead the reader to misinterpret generalisability. I also agree with the authors that the number of informants is sufficient in this design (qualitative, individual interviews).

The manuscript has to be proof-read again because small errors of grammar and spelling still exist.
THE RESULTS CHAPTER

The analysis is improved and the results section is substantially better in this version. However, the analysis still seems incomplete. The titles of the three subthemes either does not make sense, or is not entirely consistent with the contents. The titles of the subthemes should be reconsidered, and only findings belonging to that subtheme should be included in that particular subtheme section. Each result has to be put into the right category, in other words. The citations should be scrutinized for meaning. Citations that do not illuminate the content of the preceding paragraph should be omitted. The number of citations should be reduced.

Answer: The numbers of citations has been reduced.

Impacts of RA on body and life.
I understand what the sentence in the heading means, but what about it concerns the aim of the study?
Answer: To clarify the heading has been shortened to Impacts of RA.

Physical impacts of RA: Lists symptoms of RA. Lists physical problems during sex. That is okay. Includes two sentences about body image, I had expected body image to be a larger issue for the informants? Maybe that could be elaborated in the discussion?
Answer: Body image has been brought in to the discussion section.

Body image did not seem to be a large issue for the informants, even if some of them were visually marked by RA. The reasons for this could be a field for future research.

The citations under “body image” seem to belong to “physical problems during sex”.

Answer: The manuscript has been language checked again.
Answer: The citations has been moved according to the suggestion.

Psychological and emotional: Why use both the words psychological and emotional if there is no clear distinction between them? If there is a distinction I have not seen, it may be highlighted in some way.

Answer: We have included emotional in psychological dimension and rewritten the section accordingly.

Lists psychological symptoms due to living with RA, but how are they connected to sexual health?

Answer: There has been a sentence added in this section, which aims to clarify the connection.

The negative emotions affected the sexual life of the informants as for example by worrying about increased pain during sexual activities, led to avoidance of sexual activities and feeling old was connected to feelings of being unattractive.

“Increased psychological strength” would have been interesting to explore, or at least comment, because the rest of the sentence contains only negative aspects.

Answer: Increased psychological strength has been commented on in the rewritten sentence.

A positive impact was increased psychological strength, which was achieved by having to handle the physical impacts of RA.

Relational: “impacts of RA were experiences both concerning sexual health and other areas of present and/or earlier relationships”. What is the reader supposed to understand from that sentence? Not all citations illuminate the topic.

Answer: The sentence has been rephrased and the amount of citations decreased.

The relational impacts of RA were not only experienced within the field of sexuality. Mentioned problems were different sexual needs and reduced capacity to perform daily activities. The informants described experiences both from present and earlier relationships.

Multidimensional relationship.

What does the heading mean? I think this section describes what the informants
think sexual health is, and if that is the case, why not just say that in the title?

Answer: The heading has been changed to “sexual health- physical and psychological dimensions”.

“Sexual health was experienced as a multidimensional relationship containing physical, psychological and sexual aspects of a relationship.” This sentence is difficult to understand clearly. Two kinds of relationships? The content seems to be a repetition from the section above, and it does not seem specific to RA patients.

Answer: This sentence has been rewritten.

Sexual health was experienced and described by the informants as containing both a physical and a psychological dimension.

“Some informants had no sexual desire and were negative to sexual activities”. How did this affect their relationships?

Answer: The affection on their relationships has been included in the text.

A negative attitude towards sexual activities and loss of sexual desire affected their relationship in a negative way. The informants that described an acceptance of this by their partners or an increased acceptance over time also described less strains on the relationship.

Possibilities to increase sexual health.

A clear and good title.

“Reflections of improvement in sexual health were a new field for the informants”. I think that is quite surprising, as they report sexual problems, and this could have been elaborated in the discussion.

Answer: This is now included in the discussion.

Reflections over how to improve sexual health were quite new to the informants and it is possible that other problems related to RA are more prioritized.

“Direct experienced effects of physiotherapy” seems to me to be the focus of the study, and deserves more attention.

Answer: The text has been elaborated in the section of sexual health – physical and psychological dimensions.
DISCUSSION

The authors say that a qualitative method was chosen because this is an explorative first study in the field. I think a qualitative method is clearly the most suitable method when exploring a subject like sexuality. Qualitative methods are especially suitable to achieve knowledge of thoughts, intentions, experiences, reasons, and so on. The same information could not have been obtained by quantitative methods.

The discussion of methodology is good. Generalisability could have been more extensively discussed. After all, the aim of research in general is to be able to transfer knowledge from the informants to other patients or therapists, and the authors seem too cautious in their assessment of the transferability of their findings.

Answer: Since this is an explorative study we have chosen to be cautious with the findings so far.

The discussion of the results is too long and unfocused. The division of the results discussion into sections similar to those in the results chapter make the reader loose track of the main conclusions of the study, and it brings about unnecessary repetitions from the results chapter. The discussion should go beyond a comparison with similar findings in other studies with the form “we found this, they found that”. The authors should emphasis the most important findings, what is new or most startling, and describe and discuss them so that the reader can learn. I assume that the authors wanted to learn something that can be brought back to the physiotherapy clinic. Make clearer for the reader what that might be. A useful exercise is to try and list “What does this study add” and “What’s known from before” when preparing to discuss the results. The middle part of the section “possibilities to increase sexual health” about the potential contributions of physiotherapy is useful. The outline of focus for future research is
good.

Answer. The intention of the subheadings in the discussion was to clarify the discussion. The subheadings have been removed in the discussion section. The discussion is shortened and the focus is more directed to what can be of clinical use.

CONCLUSION
The conclusion contains four points. That is a useful way to present conclusions, but the points should contain more of “What does this study add”. “Experienced negative impacts of RA on body and life were physical, psychological, emotional, and relational.” That can hardly be a new or unexpected finding? I think there are other, more interesting conclusions that can be drawn from the material.

Answer: The conclusions have been rewritten.

• Sexual health was affected by RA in different ways for the informants.
• Negative impacts of RA on body and life were experienced.
• Possibilities to improve sexual health were improved partner communication and physiotherapy.
• Physiotherapy can play an active role in improving sexual health for patients with RA.