Author's response to reviews

Title: Does pre-operative psychological distress affect patient satisfaction after primary total hip arthroplasty?

Authors:

Munier Hossain (munierh@doctors.org.uk)
Daniel Parfitt (dan.parfitt@btinternet.com)
David J Beard (david.beard@ndos.ox.ac.uk)
Clare Darrah (Clare.darrah@nnuh.nhs.uk)
John Nolan (john.nolan@nnuh.nhs.uk)
David W Murray (david.murray@tesco.com)
Glynne Andrew (glynne.andrew@wales.nhs.uk)

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Dear Editor

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Does pre-operative psychological distress affect patient satisfaction after primary total hip arthroplasty?

Please find below our response to the reviewers’ comments. We thank the reviewers for their kind comments.

Authors’ response:

Reviewer’s report 1 EL

Reviewer’s comments:

1. Is the question posed by the authors well defined?

However later on in the manuscript the authors say that this can be a parameter for deciding which patient will have surgery or not. “Surgeons will avoid operating on patients who are likely to have poor response” is a sentence in the manuscript. I think one has to reflect a little more about the results from
questionnaires on group and individual level. To belong to a group with a higher risk of poor result is of course something to consider but we don’t know anything about a certain individual. To refuse surgery for all belonging to an arbitrary chosen group is not ethical to my opinion. Need to be discussed more and taken into consideration in recommendations. (Minor revision)

Our response:

We quite agree with the reviewer. We do not agree with the prevailing concern. However, we accept that our sentence may be confusing. We have redrafted it to clarify that other authors have expressed concern in the past about operating on patients who may have poor outcome. We have also discussed that this may be inappropriate to extrapolate results from a group level to an individual level.

2. Are the methods appropriate and well described?
A: NO! Absolutely not. Appropriate maybe but not well described. The scales used and when they are used are hard to follow. The method section needs to be extended and rewritten totally. (Major revision)

Our response:

We have rewritten the methods section to give full detail about the patient satisfaction questionnaire.

3. Are the data sound?
A: Well I think you should stratify by sex. Report men and women separately. An example of that is the sentence that the distressed group was shorter and lighter with the comment that this might reflect the higher number of women in this group. A comment like that makes the reporting a little comic and not scientific. (Major revision)

Our response:

Thanks, this was an interesting suggestion. The results have been stratified by sex and the offending sentence, as pointed out, has been deleted. We found an interesting result following stratification by sex although the significance of this is uncertain. We have added some extra discussion in this regard.
5. Are the discussion and conclusion well balanced and adequately supported by data?
A: Yes, but I had preferred another reporting of the pain relief. The clinical significance is low or maybe not existing even if you can find a statistical significance. (Minor revision)

Our response:

We agree. We had mentioned this but perhaps the presentation of the argument was unclear. We have rewritten the paragraph.

6. Are the limitations with the work clearly stated?
A: Yes, but the reader will like to know how what kind of selection is involved by the centres studied. What kind of hospitals were they. What kind of socioeconomic characteristics had the referred patients and so on?
(Discretionary revisions)

Our response:

The concern about selection bias is very appropriate and we had already mentioned this as a limitation of our paper. We have given some information about patient selection. Recruitment level is general was very good among eligible participants. We have added more detail about the participating hospitals and the patients’ socioeconomic details.

Reviewer 2:
Comment:
There is only one issue that deserves to be revised: The “patient satisfaction survey” is not described in the Patients and Methods section of the paper. This procedure should be described in more detail: Was a questionnaire used? Was this a validated instrument? How does the instrument look like? Were questionnaires sent by mail? Or were patients interviewed personally or by telephone?

Our response:
A valid criticism. Thanks. We have rewritten the methods section to address this issue.

Many thanks.

Regards

M Hossain (on behalf of all authors)