Reviewer's report

**Title:** Efficacy of hypnosis/guided imagery in fibromyalgia syndrome - a systematic review and meta-analysis of controlled trials

**Version:** 1  **Date:** 10 February 2011

**Reviewer:** Miyuki Mizutani

**Reviewer's report:**

Major Compulsory Revisions

1. I am impressed by that you cautiously employed “Quality of rating scale” to validate the quality of systematic review. Although “Quality of rating scale” was conceived as the rating scale of BT and CBT, it considers that the quality of CT is directly affected by quality of intervention including client engagement and therapist training. These two subscales are particularly important for inner oriented intervention such as hypnosis, imagery and so forth. Historically, trance or altered state of consciousness has been a controversial concept, however, brain imaging research demonstrated the altered brain state in hypnosis. In order to create such trance, clients need to be engaged in interventions and to be guided appropriately by a well-trained therapist.

The four authors’ fair effort revealed that six CTs are judged to have an excellent treatment quality with sum score more than six, but that the therapist training subscale is inadequate in three CTs and the client engagement subscale is inadequate in CTs studies. I think you had better exclude these 5 CTs as inappropriate.

I hope this exclusion might not impress some clinician with the “difficulty” of hypnosis against the versatility in hypnosis. And the “difficulty” has intimidated many therapists including me to go on with this method. Observation, procedure and effort to make patients successfully engaged are learned efficiently through appropriate training. Therefore hypnosis is said to be a kind of communication. I again appreciate your effort to gather additional information on methods from the authors of CTs.

2. As a method to help patients to control pain, when hypnosis is well practiced, pain is changed without fail. The mechanism and principle of hypnosis seems to be simple and robust. But the process is actualized with the client’s appropriate effort which is supported by therapist in ways to meet the individual needs of the client. This specific part in procedure is related to severity, quality, location, sequence of pain experience, the patient’s attitude to pain and so forth. The pain related suggestion is effective only when it fit to the patient’s pain experience and needs at the moment, which does not always happen. In some cases, pain related suggestions can hinder concentration and absorption by alerting patients to pain. Sometimes, hypnosis/imagery without pain related suggestion is more reliable. In experimental situation, pain related suggestion is necessary but it is not a core of hypnosis for clinical pain control. The CTs without defined pain
related suggestions/guided imagery were excluded in this study. So the title needs to indicate the exclusion.

Discretionary Revisions

This study recognized the difference of details influencing the overall effectiveness of intervention. Until now, this aspect has been unattended in most of systematic reviews. It might be another useful addition to the knowledge on hypnosis for pain control to study CTs without pain related suggestions/imagery by the same procedure as this study. If the title is not changed, hypnosis and imagery with/without pain related suggestion need to be included in analysis.

Minor Essential Revisions

1. The authors describe attention control as unspecific element of hypnosis/guided imagery such as education, emotional support, pure relaxation, suggestions without induction of hypnotic trance. In place of the word attention control, "cognitive intervention", “cognition oriented approach” is more appropriate to mean education, pure relaxation, suggestions without induction of hypnotic trance.

Attention control is a term of cognitive psychology and neuroscience. Recently, it is employed in place of distraction which is(was) one of coping strategies in CBT for pain control, because distraction is a term to mean interfering processes from the environment in working memory tasks. Attention control is active monitoring or manipulation of information processing.

2. The words; “Eligibility criteria”(p5), “inclusion criteria” and “the first level of inclusion criteria” (p7) are employed inconsistently.

I withdraw other minor revisions. They were too minor to upload on the web site. I apologize for writing so bluntly in haste.

Others

I am impressed that your clinical interest to challenge the difference in the name of the intervention. I believe many clinicians know that inner oriented interventions have the common quality in procedure and in effects. But we are too nervous to be scientific and discriminate. As mentioned above, the specific part in procedure is to correspond to the individuality of patient’s needs and pain experience. I do not think it a good idea to exclude other methods as not hypnosis because of name and origin.