Reviewer’s report

Title: Hypnosis as a treatment of chronic widespread pain in general practice. A randomized controlled pilot trial

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Reviewer: Christina Liossi

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This is an interesting pilot randomized controlled clinical trial exploring the efficacy of hypnosis in the treatment of chronic widespread pain in general practice. 16 patients were randomized into an intervention group (hypnosis + standard treatment) and a control group (standard treatment). The authors concluded that hypnosis treatment may have positive effects on pain and quality of life.

Exploring the use of hypnosis in a general practice context for the management of chronic widespread pain is a worthwhile endeavor and the authors are to be congratulated for their study.

Below follow comments, which aim to strengthen the paper and make it easier for readers to understand what was done, why, how it can be replicated and whether the results are generalisable to other contexts:

Major Compulsory Revisions

1. The Introduction seems incomplete. While there is a lot of information about chronic widespread pain in general the review of studies looking at the use of hypnosis is more limited. It needs to include a brief discussion of the results of the following relevant studies/papers:


2. Materials and methods

2.1. It is mentioned that Both groups were offered similar treatment in a 10 week period except for the hypnosis treatment, according to normal routines in general practice. More information is needed about what constitutes normal
treatment in general practice and what patients received. Given that the groups differed in the degree of their initial suffering could it be that they received more medication, physiotherapy etc.

2.2. It is mentioned that â“MyThe intervention group went through a standardized hypnosis treatment once a week for ten weeksâ#JEach therapeutic session lasted for about 30 minutes, focusing on ego-strengthening, relaxation, releasing muscular tension and increasing the self-efficacy. Visualization techniques were used to improve self-evaluation and to create a more positive body experience. The content of every therapeutic session was connected to the previous one, in order to make the patient more comfortable and able to relax during the treatmentâ”# Was there a treatment manual developed for the intervention? Did every patient receive the same interventions in the same order? I would like to see more information about the exact content of the 10 sessions. Figure 2 gives general information about how hypnosis is done. These are well known details-what is interesting to clinicians is the exact content of the interventions.

2.3. Why the authors did not use a standardized questionnaire to quantify their patients’ suffering and disability? This is an important limitation of the study because we do not know anything about the psychometric properties of the scale and also we cannot really comment whether â “an average improvement in scores of â##7.1 from 62.5 to 55.4â## after treatment is clinically significant or not. It maybe statistically significant.

3. The Discussion needs to be more critical of the studyâ’s limitations.

4. Finally, the paper needs to be edited for grammar and writing style (e.g. some of the paragraphs are very short, only one sentence long).

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Not suitable for publication unless extensively edited

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests