Author's response to reviews

Title: Fatigue in osteoarthritis: a qualitative study

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Melissa Norton, MD, Editor-in-Chief
BMC Musculoskeletal Disorders
BioMed Central Ltd, Middlesex House,
34-42 Cleveland Street,
London W1T 4LB, UK.

Dear Dr. Norton,

We have uploaded a copy of our revised manuscript entitled “Fatigue in osteoarthritis: a qualitative study” for consideration for publication as a full-length article in BMC Musculoskeletal Disorders. Minor revisions have been made in accord with the referees’ recommendations. We respond to each of their comments and suggestions on the following page. The authors wish to thank you for your editorial efforts in having the manuscript reviewed.

Sincerely,

J. Denise Power
Response to Editor

We have added to the Methods the name and reference number for the ethics committee that approved the study.

Response to the Referees’ reports

The authors wish to thank the referees for their efforts in reviewing our manuscript.

Response to Referee 1

- We believe that separating the focus groups by gender aided open discussion, particularly around potentially sensitive issues. The following comment was added to the Methods section in this regard:
  “Groups were conducted separately with men and women in order to encourage open discussion around topics that participants might be more hesitant to discuss in a mixed gender environment, such as the impact of fatigue on mood and relationships.”

  In regards to the reasoning behind the use of focus groups as opposed to individual interviews, the following comment was added to the Methods section:
  “We conducted focus groups on fatigue in OA, rather than individual interviews, in order to encourage participants to discuss and compare their experiences, allowing for a comprehensive description of osteoarthritis fatigue to be captured.”

- Unfortunately, the findings from the pain focus groups have not been formally compiled to date. It is my sense, however, from discussions with those who have read the transcripts, that participants indicated that they do not often discuss their pain with others. I believe this may in part be related to people’s perceptions of arthritis as a normal part of the aging process.

Response to Referee 2

- We have added the term “community dwelling” to describe the study participants in the abstract.

- I’m not certain as to which references the reviewer is referring. Paragraph 3, after the 1st sentence as indicated, refers specifically to non-rheumatologic conditions and includes references for multiple sclerosis and cancer. The following sentence in the same paragraph includes references for rheumatoid arthritis as well as lupus. There are other references cited in the paragraph for rheumatoid arthritis and ankylosing spondylitis.

- The references have been updated and formatted according to BMC guidelines using Reference Manager.
The questionnaire measures could not be used to assign participants to focus groups as the data were collected during the focus group sessions.

We found when presenting this work at various rheumatology meetings that our audience wanted a sense of arthritis severity among participants. The WOMAC is a widely used and validated osteoarthritis-specific measure that was included to provide this information to readers. We feel that it is important to include this information in the paper in order to clearly characterize our study participants.

The quantitative data on fatigue was included to provide additional information on fatigue severity. We feel that quantifying and comparing this data to those published for other populations helps corroborate our participants’ discussions about the severity and impact of their fatigue. We feel that including this data strengthens our conclusions. We have also found that including this data was particularly well received when presenting this work to colleagues who are not familiar or comfortable with qualitative research.

Because of issues surrounding measurement overlap and the high co-occurrence of fatigue and depression, we additionally included a quantitative depression measure and provide discussion of this issue in the paper. We feel that this is an important potential limitation to highlight and an area to be considered in future research.

Overall, we feel that the aforementioned reasons justify the inclusion of the quantitative data in the paper. Further, we believe that the quantitative data are useful supplements to our qualitative findings. As the qualitative findings are the main focus of the study, we believe that the space devoted in the Discussion to these measures is now sufficient. We agree that both additional qualitative and quantitative work on fatigue in osteoarthritis is needed. We raise this issue at the end of the Discussion.