Author's response to reviews

Title: Bereavement care interventions: a systematic review

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Author's response to reviews: see over
RE: MS 1789091405304399 – Bereavement care interventions: a systematic review

Dear BMC Central Editorial Team:

On behalf of our research team, I am pleased to provide you with a revised version of our manuscript. I believe that the revisions have responded to the criticisms and comments of the reviewers, resulting in a better presentation of our findings. Specifically, the reviewers made the following suggestions:

1. *Discuss the variability in outcome measures*: we have done so by revising the section on “stultifying between-study variation” and by pointing the reader to examine the outcome measures listed in the tables.
2. *Include review mentioned by Maddocks*: The review in question, “Guidelines for the Assessment of Bereavement Risk …” (which we obtained by download from an internet website, as it has not been published in a peer-reviewed context), focused on predictors of pathologic or excessive bereavement, and did not focus on the efficacy or effectiveness of bereavement care interventions. This specific review is therefore important but superfluous to the current topic under scrutiny. We have, however, referenced four reviews of bereavement care interventions in the second paragraph of the introduction. Of note, these reviews had been captured by our initial search, but omitted because they did not fulfill our eligibility criteria for inclusion in the review. We now include them to provide a more complete context of our inquiry.
3. *Tone down critical language*: we have scrutinized the manuscript for such language and made changes especially in the beginning of the discussion section.
4. *Include only studies with control groups*: we considered this option strongly at the outset of our review, but were concerned that so doing would – ironically – under emphasize the importance of control groups. In this review, we can itemize the number of studies that lack control groups, giving the reader a better sense of the commonness of this methodological design flaw. Since we do not attempt a meta-analytic summary of treatment effects (which would be very dubious without not only control groups but also random treatment assignment), we think that the review is strengthened by being more inclusive.
5. *Expand on concept of ‘excessive theoretical heterogeneity’*: this concept is developed, somewhat latently, in the structure of how we reported the results, grouping studies into classes based on their underlying treatment theory, which are described in each section of the results. We now emphasize this point, hopefully in a manner that provides greater clarify, in our discussion on this concept by reiterating the major treatment theories.
6. *More detailed analysis of differences between studies*: we believe that the tables contain a wealth of between-study comparative detail.
7. *Make discuss of systems-oriented interventions less confusing*: we rewrote the sentences in the results section that introduce the concept of systems-oriented interventions in a
manner that we believe clarifies this concept better than the previous version of the manuscript.

8. **List the names of drugs used in the pharmacologic studies:** in the results section on pharmacotherapy, we have described the variety of drugs more fully [“… including tricyclic antidepressants (TCA), selective serotonin reuptake inhibitors (SSRI), buprion, and benzodiaepines.”], and specify each drug by name in the accompanying table.

9. **State that effect of nortriptyline was significant:** we have done so in the last sentence of the paragraph in the results section devoted to pharmacotherapy.

10. **Give some suggestions as to how a satisfactory bereavement intervention study might be mounted:** We have added more specificity to our recommendations in the final paragraph of the discussion, including adherence to the CONSORT Statement reporting guidelines, which alone would prompt investigations to be more rigorous in their conduct.

In addition to these responses to suggestions, we also made minor grammatical and stylistic corrections throughout the manuscript, and were able to obtain additional eligible studies that augment the total number of studies reviewed to 74, as reflected in the text and the tables of the manuscript.

We hope that these revisions satisfy all concerns. Please do not hesitate to contact me with any further concerns or questions. Thank you, yet again, for your time and effort.

Sincerely,

Chris Feudtner, MD PhD MPH
Director of Research for the Pediatric Advanced Care Team (PACT)