Author's response to reviews

Title: What is Traditional Acupuncture? Exploring goals and processes of treatment in the Context of Women with Early Breast Cancer

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Response to Reviewers reports for

What is Traditional Acupuncture? Exploring goals and processes of treatment in the Context of Women with Early Breast Cancer

We are very pleased that both reviewers consider this paper to be well structured with clear aims, well described methods and original findings, and of importance for its field. The specific, minor and discretionary revisions have all been attended to as advised by both reviewers and are now detailed.

Response to Reviewer One’s comments

In response to general feedback we are very pleased that the reviewer considers the paper to be well structured and offering interesting and relevant data. We have added four entries of raw data; including some to address point 6 (below) that this reviewer made relating to Helen’s diary entry; and two additional quotes have been provided from Diane’s diary and Diane’s second interview.

Minor revisions: SP is stated as being a professional acupuncturist on page 7, second paragraph.

Discretionary revisions:

1. the reviewer thought it might be worth adding a further explanation of “Qi” on page 4. We have changed the original sentence to the following:

   “It is worth noting that a fundamental concept in TCM or TA is Qi; there is no equivalent concept in western culture, but it is often translated as ‘energy’.”

2. The sentence on page 5 has been changed in according with the comment to the following:

   “One of the core long-term practitioner goals was to bring about change in behaviour using the explanatory model of TA to address imbalances in the Qi via the diagnostic and treatment processes.”

3. The aim (page 6) has been altered and expanded including more detail on the methods to the following:

   “The aim was to further explore what TA practitioners seek to achieve and how they follow this through in their practice with women with EBC who are going through their bio-medical treatment. A variety of qualitative data collection methods (interviews, diaries and treatment logs) were used to enable detailed insight into change over time.”

4. Page 7. The description of the interview process has been clarified with the recommendations of this reviewer to read:

   “Interviews started with an open question (for instance, in the first interview: “please tell me how you discovered you had breast cancer?”) and continued in a conversational form, led largely by the participants’ responses. An interview guide was used to ensure that all areas were covered by the end of the interview.”
5. Page 7. (now Page 8) ‘from this data’ has been removed from the second sentence which now reads as:

“Uncovering what the practitioners were trying to achieve is an important step in backwards mapping the processes that facilitate perceived or desired change. Intended outcomes related to two categories of change: immediate relief of symptoms which were changing from day to day; and, for the longer term, enabling coping.”

6. Helen’s diary entry (now page 9-10): the diary entry itself has been expanded to help offer additional understanding of it, and explanation has been added after the entry to help provide meaning and insight in lay terms; the whole section now reads as:

“An example of this is a reflective comment in Helen’s diary, where she discusses Lena, and her history of working nights full time in what by anyone’s perspective would be a stressful job, along with bringing up her 3 children and caring for her father. ‘Of particular note was the very pressered life she had prior to diagnosis’. Helen reflects on how Lena presents according to her differential diagnosis at the first treatment (and prior to chemotherapy starting) and ponders on what impact the chemotherapy might have on her:

“What am I trying to achieve? To strongly nourish her basic deficiencies of Kid Yang and Yin in order to minimise effects of chemo. Vigilance on 1) already v. yin xu – chemo may burn yin easily – current hot flushes could worsen/ stomach may become yin xu....”

This TCM diagnosis of ‘yin xu’ can be translated in lay terms as meaning that the individual presents with a substantial imbalance and deficit in their system. In this case this is shown through the signs and symptoms of hot flushes and digestive problems. Helen is expressing concern over the impact chemotherapy will have on this already presenting deficit. The diary entry continues with the conflicting needs, in terms of how to approach the TA treatment.”

7. (Page 11-12). Regarding disclosure and reflections providing new insight and using raw data to illustrate this, two additional quotes from Diane’s diary and her second interview have been added.

8. The sentence that was on page 12 (“What the outturn of this process has already been reported [22].”) has been omitted and the reference been added to the next sentence as follows:

“Clarification of the practitioners’ goals, reported in a previous paper [22],...”

9. The conclusion has been re-written in line with the reviewers’ suggestions as follows:

“This study provided insight into the interdependent components of TA helping to demonstrate the multiple causal pathways to change, through the continuous process of eliciting new information, formulating, implementing and reviewing treatment strategies. In so doing, it has provided insight into how TA brings about change, in a set of women experiencing acute symptoms of EBC at an early phase in their illness trajectory. A good therapeutic relationship was not simply something valued by patients but was explicitly used by practitioners to aid disclosure which in turn affected details of the treatment: the therapeutic relationship was
therefore a vital and integral part of the treatment process. These findings lend further weight to the conception of TA as a complex intervention.”

Response to Reviewer Two’s Comments

We would like to thank the reviewer for the comments regarding the clarity of the question posed, the methods used, clearly described and the sound results. The concerns relate to the discussion and conclusion, both of which have been revised, and which we have addressed specifically as follows:

Mandatory revisions:

1. The sentence that was on page 12 (“What the outturn of this process has already been reported [22].”) has been omitted and the reference been added to the next sentence as follows: “Clarification of the practitioners’ goals, reported in a previous paper [22],…”

2. Regarding the reviewers comments (P.13: top: “This again provides contrast with THESE findings..” What findings? Please revise to clarify.) We have changed the discussion section, creating shorter paragraphs and addressing the above comment with rewording as follows:

“In the current EBC study, a core and critical dimension of the therapeutic relationship, and its main focus for the practitioners, was to aid disclosure to enable better treatment aligned to clear goals. This aided the practitioners in achieving their treatment goals. In common with other research [6-9, 15], developing a good therapeutic relationship was critical. But in this study it was being used for a different purpose; previous TA studies pointed to it being more used to engage patients with the TCM notions of illness and thus bring about changes in behaviour and lifestyle. Both uses helped TA recipients gain new insight and understandings of their illness and enable increased agency in self-care.”

3. This comment (‘Furthermore…) also applies to the paragraph is addressed and re-written as described in comment 2 above.

4. For this comment (P. 13 paragraph 2: Sentence beginning “This was very important…” The sentence contradicts itself; please revise for clarity) we have added some additional words to the following paragraph for clarity: the point we hope to make is that the women were concerned with the daily coping of worry and symptoms from the diagnosis and treatment, and less concerned with the TA giving them long term health benefits. This should aid clarity between the daily anxiety with their long-term future, and long-term benefits of TA:

“In our EBC study, it was evident that TA operated in recursive ways to effect change in the shorter term. This was very important for the women; they were very concerned at the onset and during chemotherapy, with the ‘here and now’ and getting through or coping better, rather than benefits of TA over the longer term; in particular, nearly all participants expressed regular worry about their long-term future.”

5. We have re-written the conclusion and omitted references to model validity and research design as follows:

“This study provided insight into the interdependent components of TA helping to demonstrate the multiple causal pathways to change, through the continuous process of eliciting new information, formulating, implementing and reviewing treatment strategies. In so doing, it has
provided insight into how TA brings about change, in a set of women experiencing acute symptoms of EBC at an early phase in their illness trajectory. A good therapeutic relationship was not simply something valued by patients but was explicitly used by practitioners to aid disclosure which in turn affected details of the treatment: the therapeutic relationship was therefore a vital and integral part of the treatment process. These findings lend further weight to the conception of TA as a complex intervention.”

Minor essential revisions:

6. (P. 9 first line: remove “of”; should read (I believe) “one woman”) – this has been changed accordingly.

7. (P. 10: discussion of “silent information”: Do pulses also count in this category). The theme of silent information is focussed on observational data the practitioners make; pulse taking is an important part of the differential diagnosis and technically information is gathered in a non-verbal way with pulse taking. Accordingly, a sentence has been added to this paragraph to reflect this as follows:

“Information for the practitioners was not always wholly reliant on the relationship as they also discussed ‘silent information’, and this fed into their analysis of the whole situation. Silent information was what they observed of the person in terms of their appearance, and presence, for instance, in TCM theory, the strength of a person’s voice or handshake provides some information about their Qi. Other diagnostic information gathering, such as pulse-taking, involved touch but not necessarily talking.”

8. (P. 10 bottom: reference to “3rd interview” should indicate “post-treatment” (if that is indeed the situation) and if you know how long post-treatment, please add that information.) – for clarity, the paragraph has been revised to indicate the difference between post TA treatment and post chemotherapy treatment:

“In her third interview, three months after the end of her chemotherapy treatment, Lena describes really having missed the TA as her health, especially her digestion, had severely deteriorated during the subsequent months of chemotherapy without TA.”

9. (P. 11, last paragraph: “women placed considerable value OF aspects...” Of should be “on”.’) This has been changed accordingly.