Author's response to reviews

Title: Six-month effects of integrative treatment, therapeutic acupuncture and conventional treatment in alleviating psychological distress in primary care patients - follow up from an open, pragmatic randomized controlled trial

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Six-month effects of integrative treatment, therapeutic acupuncture and conventional treatment in alleviating psychological distress in primary care patients - follow up from an open, pragmatic randomized controlled trial

Dear Sirs,
We would like to thank the reviewer and the associate editor for their very helpful comments, and for the opportunity to revise our manuscript. Please find our responses to the reviewer’s comments below. As advised by the associate editor, we have also revised our manuscript to remove the overlap with our previous publication – this concerns primarily the method section and parts of the discussion. We hope that our revisions are satisfactory.

Thanks once again for your help, and please let us know if additional clarification is needed.

Best regards,

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Discretionary revisions
Reviewer’s comment: I would, however, like the authors to discuss two more potential limitations:
1) In order to really distinguish the acupuncture effect from the additional effect of the salutogenetic dialogue, a control group which receives only the salutogenetic dialogue and no acupuncture is missing. The design is not completely balanced. The data are still highly relevant, but this is a shortcoming that needs to be discussed as it makes the interpretation of the data more difficult.

2) The two interventions TA and IT are very intense with regard to the attention the patients receive. On the other hand is the CT group very heterogeneous with regard to attention (e.g. watchful waiting vs. psychoeducational therapies). Is it not possible that the patients in CT,
who receive higher attention (e.g. in a psychological intervention) also show greater improvements? The authors comment that, due to the small sample size, no subgroup analysis was possible, but I would at least like them to discuss this point.

Authors’ response: We agree that these are important issues and have added the following paragraph to the discussion section:

Furthermore, conventional treatment comprised a variety of different treatments ranging from watchful waiting to pharmacological, psycho-educational and cognitive behavioral therapies. Sample size limitations prohibited subgroup analyses of specific therapies in this group and hence our results for this group may be seen to reflect only those for “usual” primary care treatment of psychological distress. It may also be speculated that outcomes favoring acupuncture and integrative treatments over conventional care owe to a care effect, i.e. better outcomes resulted from patients receiving more frequent care independent of treatment regimen. Adding a fourth treatment group receiving only the salutogenic dialogue would have enabled us to tease out the effects of care as well as to better differentiate between the effects of acupuncture and the dialogue. Larger and better designed studies are needed to evaluate possible benefits of combining salutogenic dialogue with acupuncture.

**Minor Essential Revisions**

Reviewer’s comment: Figure 2 does not live up to the usual standard of this paper and should be revised. It is very difficult to read in its present form.

Authors’ response: A new Figure 3 using a different file format has been added.