Author's response to reviews

Title: Characteristics of randomized controlled trials of yoga: a bibliometric analysis

Authors:

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Author's response to reviews: see over
Response to the Editor’s and the Reviewer’s comments:

Dear editors, dear reviewers,

Thank you very much again for your efforts while reviewing this manuscript and your helpful comments we addressed accordingly. Changes are highlighted in grey.

Reply to referee1:

1. In the Bibliometrics section, line 25-26 reference no. 429 has been mentioned for a publication in Lancet as well as in Annals of Internal Medicine. Please recheck.

HC: Thank you very much for noting this typo. The reference for Annals of Internal Medicine was changed to 425.


HC: We now consider this publication and deleted the notion that there were no systematic reviews on COPD.

Reply to referee 2:

1. While technically correct, when I requested the interquartile range I was expecting the authors to present the 25 & 75 quartiles (e.g., sample size 59, IQR 30, 79). This gives readers a better idea of the variability of the data than the simple IQR (eg IQR 62) or the range 8-410). Please present the lower and upper quartiles. You then don’t need to report, for example, the “most common sample sizes were 60, 30 and 40”.

HC: Thank you very much for clarifying this. We have changed the reporting of IQR accordingly. The sentence on most common sample sizes has been deleted.

2. The numbers don’t add up. There are 312 RCTs published in 366 articles (last sentence above Bibliometrics section). In the next section you say that of the 366 articles, 82 were duplicate publications – this means there were 284 RCTs? Which is it?

HC: Besides 284 RCTs with just one publication, there were 28 RCTs with 2 or more publication. Thus, there was a total of 312 RCTs. We had however labelled all publications on those 28 RCTs as “duplicate publications”. For clarity reasons we now state that “54 (14.8%) proved to be duplicate publications; that is multiple articles reporting identical or different results on 28 already published studies.”

3. You state that future RCTs need to follow available guidelines for designing interventions and control conditions; however, you don’t know whether the RCTs you included in your analysis have done this because you didn’t look. It would be more appropriate for you to say that this is an important “next step” in order to determine the methodological quality of the current body of RCTs in this area (ie, take the 312 RCTs you found and assess their risk of bias, nature of outcomes, etc).

HC: We have deleted that statement. As suggested we now say that the determination of methodological quality of the current body of RCTs is an important next step.
4. A recommendation to conduct systematic reviews of RCTs for important health conditions is good; however, it seems out of place to recommend that the SRs be well conducted. You don't know whether existing SRs have been well done or not; it's beyond the scope of what your analysis found. You make the point (valid) that more RCTs are needed for certain important health conditions. This is in keeping with the scope of your paper.

HC: We have deleted that recommendation.

5. PRISMA is a set of reporting guidelines, not standards for conducting SRs and meta-analysis. It's not important or accurate to state that this analysis was conducted in accordance with PRISMA.

HC: We deleted this statement and now state that “where applicable, this bibliometric analysis is reported in accordance with the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines”.

6. Typo in third sentence under literature search “no randomized” should be ‘not randomized”. Same in the next sentence. Check the whole manuscript.

HC: As suggested, we replaced “no randomized trial” with “not randomized”.

Once again, we would like to thank the editors and the reviewers for their efforts, encouraging comments and constructive criticism.

Sincerely yours,

Holger Cramer (on behalf of the authors)