Author's response to reviews

Title: Electroacupuncture versus Diclofenac in Symptomatic Treatment of Osteoarthritis of Knee: a randomized controlled trial

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Version: 4 Date: 17 Jan 2002

PDF covering letter
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Response to Reviewer’s comments:
Reviewer: Dr Betsy Singh

Discretionary Revisions:
1. The pathogenesis of OA and mechanisms of pain in OA other than inflammatory issues have been reviewed and added to the BACKGROUND (paragraph 1).
2. Treatment modalities for OA of knee have been mentioned (paragraphs 2, 3).
3. In this study, the radiographic findings were used only to confirm the definite diagnosis of OA according to the criteria of American College of Rheumatology. The severity of OA in the enrolled patients was considered mainly on symptom scores (e.g., Lequesne’s functional index, etc.) rather than radiographic gradings.

Compulsory Revisions:
1. The difference in subscale of the standardized WOMAC has been emphasized (RESULT paragraph 4, DISCUSSION paragraphs 5 and 8).
2,3,5. The selection of acupuncture point, the number and frequency as well as our decision to place electrostimulation have been described and added in DISCUSSION (paragraph 2).
4. The numbers of patients used to receive acupuncture treatment prior to this study have been added in RESULT (paragraph 1).
6. ‘5 items’ has been corrected to ‘5 outcome parameters’ in MATERIALS AND METHODS (Assessments)
7. We previously considered the use of median scores for comparison because:
a) WOMAC scores and Lequesne’s index are discrete rather than continuous data.

b) The same scores in different patients may not reflect the same level of pain/stiffness/disability. In addition, the same change from baseline values in different subjects may not indicate the same level of improvement or worsening.

From these reasons, we tried to analyze data by using non-parametric statistics regardless of change from baseline values. However, since another reviewer recommended us to adjusted data for baseline values, the mean values of changes from baseline in outcome parameters therefore have been used for comparison among the four groups. Nonetheless, the results have not been substantially altered when compared to previous version. The statistical methods have been changed as described in MATERIALS AND METHODS. The demographic data using mean values of clinical scores are revised and shown in Table 2. The results using mean changes are shown in RESULTS (paragraph 4) as well as Table 4, Figures 2-4.

8. Correction made.

9. The nonsignificant change in outcome parameters between groups has been mentioned and explained in DISCUSSION (paragraph 6).

Reviewer: Dr Flavia Cicuttini

1. In Thailand, patients who suffer from OA usually seek help when the conditions progress into severe stages. However, NSAIDs are still widely prescribed to patients with OA knee having Kellgren Lawrence grade 4, though more invasive procedures (e.g., operation, arthroscopy, ect.) should be recommended. A great majority of these patients refuse undergoing invasive procedures due to socio-economic problem, concomitant diseases, old age, or fear. Even though there may not be a very beneficial effect of NSAIDs in this group, EA may be considered as an alternative to NSAIDs if it has been proven to be as effective as or superior to NSAIDs.
2. Baseline has been taken into account by using mean changes from baseline values. Details has been described as response to the first reviewer (#7).

3. -

4. Correction made.