Author's response to reviews

Title: Measuring changes in self-concept: a literature review and qualitative evaluation of outcome questionnaires in people having acupuncture for their chronic health problems.

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Author's response to reviews: see over
Responses to reviewers

Many thanks for your careful reviews. I have attended to all the points you have raised as detailed below. In addition to the details below, I have emailed a copy of the manuscript on which all changes are highlighted in case this is of help to the referees or the editor.

Best wishes

Charlotte Paterson

Reviewer 1: Hugh McPherson

Major Points

1. Apologies for position of the methods section: I have no idea how it happened and I have now righted it.
2. The confusion about the number of questionnaires resulted from the fact that although three questionnaires were evaluated, only two of them were the result of the literature search (W-BQ12 and PEI). This is stated on page 5, Evaluating the questionnaires: ‘This study evaluated the two questionnaires identified in the literature review alongside one generic visual analogue scale, the Arizona Integrative Outcome Scale’ and I have checked that the rest of the text is correct.
3. I have added details of the NHS ethics exemption on page 14.

Minor points

- I have made the appropriate changes regarding the first four points.
- I am unclear about the 5th point.
- I have added a brief section on the calculation of sensitivity and specificity of the questionnaires and included here how the correlations were calculated.
- I have replaced systematic with methodical..
- The points about PEI and W-BQ12 are covered below in response to the 2nd referee
- Re ‘unambiguous’ categories. It is the categories, not the data, that are ‘unambiguous’, ie much work goes into constructing them so that they are explicitly defined and described. All data can be coded using these categories, but it is commonplace in such coding that some data is double coded, ie has relevance to two categories. I think this is a fairly standard brief description of such a coding process and I have not made changes, in view of the already rather long paper.
- Re acupuncture interviews: again I am constrained by length of the methods section and the reviewer is correct in concluding that their contribution to the overall analysis was useful but limited.
- I have amended Table 1 as suggested

Reviewer 2. Stewart Mercer

Major points

1&3. I am aware that Stewart has considerable experience of using the PEI and I have attended to all the points he has raised here by expanding the description of the PEI on page 10 and the discussion of its performance on page 16. I have dropped the new name of PEI-ac. I have however kept the additions succinct because this paper is already quite complex and is primarily concerned with reporting the literature review on actual questionnaires and
on the qualitative evaluation. I look forward to reading the paper he quotes when it is published, and I hope that by addressing slightly different aspects of the PEI from different perspectives the two papers will be complementary but distinct.

2. Apologies and this has been rectified

4. I have added an explanation for not collecting more structured data including socioeconomic data and added information about ethnicity of acupuncturists and interviewees. I have kept the use of tables and numbers to a minimum in this paper because it is a primarily a qualitative study and both the sampling and the timing of the data collection limits the validity of quantitative analysis, other than a supplement to the qualitative. I have added a fuller explanation of this on page 12:

   The performance of the questionnaires in relation to detecting and measuring these changes in self-concept was evaluated primarily by a qualitative analysis, supplemented by some simple quantitative analysis when appropriate. The first time the questionnaires were completed was between one and four weeks after the start of the acupuncture and the second time was between 10 and 20 weeks after the start of their acupuncture. This variability is taken into account in the qualitative and combined analysis but limits the comparability of the quantitative data and consequently mean change scores for the questionnaires are not presented.

5. I have added the questionnaire scores to the individual examples in Figure 2.

Minor essential revisions

1. I have included a copy of the instruments as an appendix for the referees, but do not have permission from their authors to publish these. In particular the W-BQ12 can only be used with permission and a contract from Clare Bradley, as explained in the acknowledgements.

2. The data from the acupuncturist interviews is not reported in this paper. However it was used in the evaluation of the questionnaires, as explained in the methods/final analysis section on page 7: The similarities and discrepancies between questionnaire and interview data were considered in the light of the discussion of the questionnaires during the second part of the patient interviews and the data from the acupuncturist accounts.

   I also mention in the discussion that the use of several sources of data such as the acupuncturists, increases the trustworthiness of the analysis.

3. I am surprised that the word systematic is objected to in the context of the sentence in the discussion: Despite the thorough and systematic nature of the literature search it is likely that it did not find all the validated questionnaires and it is hoped that others can build on this to make it more complete. Surely we can say that we do things systematically, without having to conform to one system of searching that is appropriate to one type of well defined simple question. However if the editors agree with the reviewer please replace systematic with methodical.