Author's response to reviews

Title: Attitudes Towards Fibromyalgia: A Survey of Canadian Chiropractic, Naturopathic, Physical Therapy and Occupational Therapy Students

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Author's response to reviews: see over
Dear Ms. Parkin:

We have received, and reviewed, the reviewers’ comments regarding our manuscript: *Attitudes Towards Fibromyalgia: A Survey of Canadian Complementary and Alternative Medicine Students*. The reviewers have raised a number of important points, which we have addressed in the order that they appear.

**Reviewer #1**

1. The groups of students are specified, instead of calling them just CAM students. However, this change is not performed entirely in the manuscript; could you please go through the manuscript once again and substitute the term "CAM students" with the proper term. Besides, I would like to see a sentence telling the readers that the students of occupational therapy and physiotherapy are used as controls, as I find that they are in the study.

   **Reply:** We have substituted the phrase “chiropractic, naturopathic, physical and occupational therapy students” in place of “CAM students” throughout our manuscript. We are, however, hesitant to label occupational therapy and physiotherapy students as a ‘control’ population as our intention was not to imply that these students held attitudes towards fibromyalgia against which chiropractic and naturopathic students should be measured.

2. I would like to have a somewhat extended headings for the tables, these are not easily read without looking in the text. This should be as a courtesy to the readers.

   **Reply:** We have removed what were previously tables 4 & 5, as this information is well summarized in the text itself. The current tables 1-3 present respondents answers to our survey, and the headings are: (table1) “response data to questions on the etiology of
The current table 4 provides the results of a regression analysis to explore the association between different professional training and beliefs on overall confidence in managing fibromyalgia, and it titled “Training and Beliefs Associated with Confidence in Managing Fibromyalgia”. The current table 5 provides a summary of the themes that emerged in written comments provided by respondents to our survey, and is titled “Themes of Written Comment provided by Respondents”. We feel that these headings are clear, but would be happy to consider any specific changes or additions to improve clarity.

Reviewer #3:

1. There are some spelling mistakes and grammatical errors (e.g. incorrect use of punctuation) and the manuscript including the abstract needs to be carefully checked throughout.

Reply: We have reviewed our manuscript carefully to address this concern.

2. The Background to the study is very short and a general reader is not given sufficient information to be able to properly understand the context. So that readers can interpret the context before reading about the study and its results there needs to be more information and explanation given a) about fibromyalgia as a medical condition, how it affects patients, how it is managed, why they respond poorly to conventional medicine, why there is scepticism around the diagnosis and why orthodox practitioners feel patients are difficult to treat b) where the statements 'a number of factors may condition...its management come from c) the stated aim is to explore student’s attitudes-a brief explanation needs to be included of what the term attitudes encompasses in the study e.g. does it mean; what do they understand about the condition, do they think it should be treated etc? d) why this topic are is an important one

Reply: We have expanded our Background section to include data on the epidemiology of fibromyalgia, and typical long-term outcomes. We note in our Background section that the diagnosis of fibromyalgia is subjective and that medical treatment is typically ineffective. Why patients with fibromyalgia respond poorly to conventional medicine is beyond the scope of our manuscript. Scepticism around the diagnosis is due to a lack of objective pathology and in our Discussion section we expand on why physicians find patients with fibromyalgia difficult to treat; specifically, because they are viewed as “demanding, aggressive in collecting information on their illness, illness focused, and medicalising”, because many physicians do not believe that effective treatment options are available, and the “belief that personality problems predominate in this population”.

Our statement “A number of factors may condition CAM providers’ and allied health professionals’ attitudes toward patients with fibromyalgia and their behaviour toward these patients” is borne from the realization that in the absence of agreement on the pathophysiology of fibromyalgia that providers particular beliefs will strongly
influence attitudes towards etiology, diagnosis, and treatment. We have added in a statement to clarify what we mean by the term ‘attitudes’, and the importance of our study is due to the high use of CAM and allied health professionals by patients with fibromyalgia (“Over 90% of patients with fibromyalgia use CAM and access CAM providers and allied health professionals”).

3. Methods; questionnaire development—it would be easier to understand the scope of the questionnaire if more details were given about the number of items in it and a short description of the various themes explored within it. How were the responses to the open comments analysed?

Reply: We have clarified the number of items in our survey and described the general themes that we explore (“…we developed a 13-item, English language questionnaire to examine chiropractic, naturopathic, physical and occupational therapy students’ attitudes towards the etiology, diagnosis, and management of fibromyalgia.”). Each of the specific items in our survey are detailed in Tables 1-3. We have clarified the analysis of written comments (“One of us (JWB) grouped written comments according to themes to facilitate presentation.”).

4. Results-written comments-this section is very short. To say Table 7 presents the themes that emerged without commenting on them is not sufficient.

Reply: We have expanded this section as follows: “Physical therapy and occupational therapy students primarily focused on the need to approach treatment of fibromyalgia from a holistic perspective. The majority of written comments by chiropractic students focused on the need for more research. The majority of naturopathic medicine student comments were split between these 2 themes. Of note, a number of chiropractic student’s comments expressed concern over the potentially iatrogenic effect of labelling an individual with fibromyalgia.”

5. The discussion needs to be better organised around the actual aims of the study (see 2c) above. This comment also applies to the section relevant literature as it is not clear how some parts of this are related to the aims of the study. The major and important findings need to be clearly emphasised

Reply: Our Discussion section has been organized to present our main findings, strengths & limitations of our results, and a brief review of relevant literature. Major findings are emphasized in the text, and our 5 tables provide a more comprehensive overview of our data.

Reviewer #4:

1. At end of the 1st paragraph of ‘Relevant Literature', Fibromyalgia seems to be equated with 'medically unexplained symptoms'. This should be clarified.
Reply: We have clarified this issue as follows: “Some authors have postulated that labels assigned to syndromes such as fibromyalgia are an artifact of medical specialization and have advocated for considering illness labels such as fibromyalgia, chronic fatigue syndrome, and irritable bowel syndrome, under the category of ‘functional somatic syndromes’ or ‘medically unexplained syndromes’ [27-29]. Diagnostic criteria for these syndromes frequently overlap, patients often meet the criteria for multiple syndromes, and similarities in patient characteristics, prognosis and response to treatment are common [27-30].”

2. I have some concerns about the 'reality check' in the 2nd and 3rd paragraphs of 'Relevant Literature'. Several of these statements are based on single papers, some of them now quite old. There is much uncertainty and debate in this area, and I think the discussion should better reflect this.

Reply: We have added material to address this issue, and provided additional, recent, supporting references.

Attention by the reviewers has resulted in substantial improvements to our manuscript. We thank them for their efforts and remain hopeful that our manuscript will be suitable for publication in *BMC Complementary and Alternative Medicine*. All authors of the original manuscript have read and approved the revised version of the paper.

We thank you for your time and look forward to hearing from you.

Sincerely,

Jason W. Busse, Abhaya V. Kulkarni, Parminder Badwall and Gordon H. Guyatt