Author's response to reviews

Title:Mindfulness, cognitive processes and coping in chronic illness: a protocol for a randomised controlled trial to evaluate the effect of mindfulness training prior to total joint arthroplasty on post-operative pain and physical function

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Author's response to reviews: see over
Dear Sirs,

Re: manuscript entitled ‘Mindfulness, cognitive processes and coping in chronic illness: a protocol for a randomised controlled trial to evaluate the effect of mindfulness training prior to total joint arthroplasty on post-operative pain and physical function”

Thank-you for considering our manuscript and please find as follows responses to comments from the Editors and Reviewer.

Editorial Requests

1. The Conclusions have been removed from the abstract and the headings now read; Background, Methods/Design – (page 2)

2. The funding information has been removed from the abstract and remains in the acknowledgement section as before (page 2)

3. Legend and figure title have been added after the reference list (page 24)

Reviewer Comments

Comment 1 Page 5: The authors report that most MBSR studies report low attrition. It has been argued that low attrition rates in MBSR may be attributable to the rigorous screening process and the commitment required of study participants to practice a minimum number of hours each day. Please describe any information provided to potential study participants about the requirements for their participation in the study.

Response Potential study participants receive both verbal and written information about the requirements of participation in the study. The following detail has been added in the methods section:

Methods – Recruitment – page 11 – “Potential participants will receive both verbal and written information about the requirements of participation including; 1) Verbal explanation of the program content upon initial contact; 2) Detailed outline of the program content and required time commitment in the patient information and consent form”.

Comment 2 The MBSR program involves yoga. Will any modifications to the MBSR program be made to accommodate the possible mobility limitations of this patient population? If so, please describe.
**Response** The MBSR program is adapted to accommodate the mobility limitations of the patient population in that participants are given the option to lay down or sit and the yoga is adapted accordingly. The following has been added to the methods section.

**Methods – Intervention – page 7** - “Yoga based exercises are adapted to be performed in either sitting or lying, to accommodate the potential mobility limitations of the study population”

**Comment 3** Page 10: “Self-reported past psychiatric history will be obtained during the pre-surgery assessment to account for previous psychological problems.” Will a structured clinical interview be employed to accomplish this objective? If so, please describe.

**Response** All patients undergoing total joint replacement attend a pre-admission clinic for assessment and medical optimization for surgery. During this process a thorough medical history is obtained and a routine systems review is undertaken. All co-morbidities are recorded including psychiatric co-morbidities. Prior psychological problems are not an exclusion criteria but will be recorded to ensure there is no between group differences.

**Comment 4** Page 10: “Participants will be asked to rate their adherence to mindfulness practice.” Please say more about this process. Will a questionnaire be used? How often will this be assessed?

**Response** A questionnaire will be administered at 12 months to rate individual adherence to mindfulness practice. The following has been added to the methods section.

**Methods – Additional Measures – page 10** - Participants will be asked to rate their adherence to mindfulness practice at 12 months through a questionnaire that includes; 1) a Likert scale assessing individual motivation to continue mindfulness practice and questions regarding the average amount of time (minutes) spent engaging in formal and informal meditation.

**Comment 5** Table 1: Does the 3-Month Booster session happen on the same day as the 3-month assessment for the intervention group? If so, what is the sequence of events and are there concerns about demand characteristics?

**Response** 3 month assessments do not occur on the same day as the booster session. Assessments are given to all participants (intervention and controls) at their surgical review visit at 3 months and 12 months. Table 1 has been amended to clarify this.

**Comment 6** Table 1: Is the MMSE given at each assessment point, or used as a screener at baseline only?

**Response** MMSE is used as a screen at baseline. Table 1 has been amended to clarify this.

We thank you again for considering our paper for publication in *Trials* and look forward to your advice in the near future.
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