Author’s response to reviews

Title: Chronic Headache Education and Self-management Study (CHESS) - a mixed method feasibility study to inform the design of a randomised controlled trial

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Author’s response to reviews:

Comment

1. Lines 117-118: The rationale provided for the claim "Secondly, we needed to be able to classify headaches that respond best to our type of intervention and inform clinical care (2)" was that "Many people with chronic headache disorders do not have an accurate diagnosis and receive inappropriate treatment of their headaches." The rationale seems incomplete -- the authors are really talking about classifying chronic headaches across various etiology types (migraine, tension, etc.), and do not yet know if this type of headache sufferer will actually respond to the intervention. It may be more accurate to say that there is a need to classify headaches into X Y Z categories, given the intervention was developed for headaches with these features, AND one that could be easily applied in a clinical setting to identify patients with chronic headache to initiate further evaluation and treatment.
Response:

We have amended the manuscript, Background Lines 113-124:

Secondly, we needed to be able to classify common chronic headaches in participants identified from primary care. Specifically we wanted to test the feasibility of using a telephone classification interview that can be used by a non-headache specialist to classify the common chronic headache disorders: chronic migraine, chronic tension type headache (TTH) and medication overuse headache (MOH). We wanted the classification interview to allow classification of headache type for reporting and analysis purposes and to be used as part of the study intervention to allow targeted, individualised, treatment and advice.

Comment

2. Lines 137-138: The reasoning here seems to be insufficient around why one would use an electronic diary. The authors state it is to reduce recall bias, and offer 2 citations to support this point. The issue, though, isn't whether the reporting is made on an electronic device or not (relative to paper/pencil) -- the reason that electronic diaries have improved recall is the TIMING of, and the FREQUENCY of reporting improves accuracy. As written, there is no empirical support to suggest simply collecting headache symptom data over the prior 7 days using an electronic device improves recall over any paper/pencil format. If the goal was to improve recall, then the authors would need to reconsider how they are USING the electronic data collection -- are you collecting symptoms at random points? (using ecological momentary assessment approach), are you asking for a daily report, every other day, etc.

Response

We have rechecked the two citations supporting this point. They both argue that recall bias is reduced when using electronic data collection in preference to a paper diary. This is because with an electronic diary a date stamp lets us know when it was completed. There should not be any difference between paper and electronic diaries completed at the same time. However, paper diaries are not uncommonly completed some time after the period the participant is being asked to recall.

In response to this reviewer’s concern we have inserted the word ‘may’ into this sentence (Background Line 139).

We feel that a more detailed discussion of this issue is beyond the scope of this article

Comment

3. Finally, just a note about forging ahead with the 2 day intensive, group-based format in what will be a challenging population to recruit due to work and other family/caregiving constraints . . . the feasibility provided quite a bit of data to show that work commitments got in the way of
participating in the feasibility trial. It seems there might be another way to engage this group than in-person, long or all day training. Taking a cue from the Chronic Disease Self-Management Program, Lorig and colleagues have modified their group-based intervention to be delivered via internet, and had similar/good outcomes in a slightly younger population that included a higher proportion of working adults (as opposed to retirees). It will be interesting to see the results of the trial, which seems already underway, in terms of participation. Special attention to participation and potentially collecting more data around what would make it more accessible would be useful. For the manuscript, an additional statement or two in the discussion related to uptake / accessibility, and being mindful of potential additional modifications would strengthen the manuscript and bring the conclusions more in line with the findings.

Response

We have added the following statement in Discussion Lines 459-463 to address this point:

Alongside the RCT we will run a process evaluation to help understand how and if the intervention works. This will include collecting data on group attendance and interviews with a sample of participants to explore the experience of delivering and receiving the intervention to inform any future roll out of the programme.