Author's response to reviews

Title: Dependency-like behaviors and pain coping styles in subjects with chronic migraine and medication overuse: results from a 1-year follow-up study.

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Version: 3 Date: 27 August 2014

Author's response to reviews: see over
We greatly appreciate the insightful and helpful comments received for our manuscript. Please find our itemized responses below. We believe that the changes made in response to the reviews (highlighted in yellow throughout the document) greatly enhance the manuscript.

On behalf of my co-authors, I am resubmitting the enclosed material for possible publication in BMC Neurology. It has not been submitted for publication nor has it been published in whole or in part elsewhere. I attest to the fact that all authors listed on the title page have read the manuscript, attest to the validity and legitimacy of the data and its interpretation, and agree to its submission to the mentioned below journal.

Reviewer 1:
• The reviewer invited us to clarify "which groups belong the first sentence in the Conclusions of the Abstract". We acknowledge that our original conclusion section in the abstract was somewhat disorganized and difficult to follow. We appreciate the opportunity to streamline its structure and development. We have now amended the abstract to ensure the readability of our findings.

Reviewer 2:
• The reviewer was concerned that "MO is no good abbreviation as it is often used for Migraine withOut aura in the literature and not for medication overuse." We have decided to use the acronym CMwMO for chronic migraine with symptomatic medication overuse consistently throughout the updated manuscript.
• The reviewer asked to "In general shorten text a Little in all sections". We removed repetitive information and outdated notions from the manuscript and abridged the various different sections of the manuscript. We did not want to filter out collateral analyses that helped depict the complex picture of medication overuse in chronic migraine. However, if the reviewer finds some of these paragraphs of secondary importance, we are happy to transfer those into a supplementary material file.
• The reviewer requested to "avoid repetition of numbers in the text which are also available in the Tables". This is an excellent suggestion. In the Results section, we have now removed unnecessary repetition of scores and values presented already in the tables. However, we were inclined to keep the p-values of the logistic regression analysis (page 8, line 24), given their prominent relevance for the subsequent discussion on the benefits of detoxification. Please feel absolutely free to remove these p-values from the manuscript, if the reviewer doesn’t consider those to be facilitate the readability of the result section.
• The reviewer invited us to "mention and discuss the important / possible causative differences among those whom did not improve or relapse vs. those whom improved after detoxification". We have added a paragraph in the discussion section that unfolds some of our speculative hypotheses about the recurrence of relapse in medication overuse headache. Given the lack of findings in our predictor analysis, we originally didn’t feel comfortable in taking a stand on the topic of predictors, but we highly appreciate the opportunity to disclose our perspective in the manuscript.
• As for the comment "Please discuss whether it is necessary with the complex detoxification used in your study and the use of prophylactic medication", we suspect that the sentence has been left undone. One possible interpretation of the reviewer’s question is a further clarification on the use of prophylaxis immediately after the detoxification protocol. If so, we would gladly appreciate the opportunity to streamline its structure and development in the manuscript. However, given the reviewer’s concern on the length of the articles, we are hesitant about adding it without a clear approval. The general criterion upon which we base the management of patients with chronic
migraine and medication overuse after the detoxification protocol is that prophylactic medications help reduce the onset of migraine attacks. We often tend to prescribe prophylaxis even to patients with severe chronic migraine without medication overuse. The duration and type of prophylaxis is decided on an individual basis, according to the past medical history, the current psychophysical state, and eventual comorbidities.

Please don't hesitate to contact me if you have any questions regarding the manuscript. With best wishes,

Bruno

Bruno Biagianti on behalf of the authors.

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