Author’s response to reviews

Title: The Relationship between Pain Management and Psychospiritual Distress in Patients with Advanced Cancer Following Admission to a Palliative Care Unit

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Version: 2 Date: 07 Nov 2015

Author’s response to reviews:

We thank the reviewers for the constructive and positive comments/suggestions. We have reanalyzed the data and revised the manuscript point by point accordingly.

1) Reviewer #1 comment about the 'difficulty in understanding how in 7 days psychological and spiritual distress could be reduced to comfort level in the presence of severe pain' was not adequately addressed. The reviewers point seems to be focused on the presence of potential confounding variables--namely that one would not expect the 'not improved' group to have improved depression because they were still symptomatic. As such, it is not so much that pain management improved depression, rather the presence of pain (in both groups at admission) and in the not-improved group 7 days later caused depression. The fact that the 'improved group' had higher pain scores at admission is indicative of this as well.

On an important related note, were not all 237 patients admitted to the palliative care unit and thus received pain management? As such, how is your claim that 'psychosocial spiritual distress improved under hospice care' (pg 11, line 13) valid when 1/2 of the sample did not see an
improvement (i.e. the 'not improved group'). I believe you are trying to say that it is challenging to address psychospiritual (*please use this terminology throughout as psychosocial spiritual is unnecessarily cumbersome and is not reflective of the terminology in the literature which predominantly psychospiritual) distress in the absence of physical pain as both groups received interdisciplinary interventions but the 'not improved' pain group did not benefit from these interventions to the degree that the 'improved' group did.

Please include both of these points in the limitations section and temper your results and discussion accordingly as at least 50% of the sample who were admitted to the palliative care unit and received pain management did not improve in terms of depression despite receiving the intervention.

Reply & Revision: We have addressed these points in our revised manuscript. We also temper our results and discussion (please see page 3, line 16-19; page 10, line 19-20; page 11, line 11-14; page 12, line 14-16, page 14, line 4-8). We also include potential confounding factors in the limitations section (please see page 15, line 15-16).

2) thank you for removing the term 'longitudinal from the title and throughout the manuscript' as this was potentially misleading. The term 'time-dependant' seems awkward and vague however. Please consider changing the title and incidences of this term throughout the manuscript to 'The relationship between pain management and psychospiritual distress in patients with advanced cancer following admission to a palliative care unit'.

Reply & Revision: Thanks for your good suggestion. We have changed the title as your suggestion.

3) Reviewer 2's comment (#8) about cut-off for improved and not improved has not been adequately addressed. What was the cut off on the 'Symptom Reporting Form'? While the modification on page 9, line 9-11 attempts to clarify this it is still vague--was it a 1-point change on the likert scale, 2, 3, 4?

Reply & Revision: Yes, it was a 1-point change on the likert scale. We have revised it (please see page 8, line 7).

4) Please make that Pg 13, line 17 should read 'researchers' and not 'researches'

Reply & Revision: Thanks for your reminding. We have revised it (please see page 13, line 15).