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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Author’s response to reviews:

We thank the Editor very much for the excellent suggestions. We have revised the manuscript point by point accordingly.

1) Page 8, line 6-7: Information was gathered from the “Symptom Reporting Forms” at the time of admission and one week after admission. Pain scores were rated on a likert scale of 0-10 with a 1-point change on the scale (0 = none, and 10 = extreme).

   Reply & Revision: We have changed to: Information was gathered from the “Symptom Reporting Forms” at the time of admission and one week after admission. Pain scores were rated on a 10 point likert scale of 0-10 (0 = none, and 10= extreme). Please see page 8, line 5-7.

2) Page 12, line 15-16: Despite the causality between depression and pain relief is hard to firmly establish, our findings might have given a hint that depression is an important psychological factor in....
Reply & Revision: We have changed to: Although the causality between depression and pain relief is hard to establish, our findings suggest that depression..... Please see page 12, line 14-16.

3) Page 14, lines 5-9: Please remove this section as it doesn’t add anything to the manuscript. It is also challenging to address psychospiritual distress in the patients with mild physical pain or in the absence of physical pain. Therefore, both groups received interdisciplinary interventions, but the not improved group did not benefit from these interventions to the degree that the improved group did.

Reply & Revision: We have removed this section. Please see page 14, line 4.

4) Page 15, line 16: Besideds, some potential confounding factors, such as pain-related symptoms, cannot be excluded in the study.

Reply & Revision: We have changed to: Specifically, while many patients psychospiritual distress improved post admission, a number of patients saw no significant difference (not improved group). As such, while our results suggest that poor pain management may be associated with intractable depression, the inverse may equally be true, namely that addressing psychospiritual distress maybe impeded by intractable pain and symptom issues. Please see page 15, line 11-16.