Author's response to reviews

Title: A survey among Korea Medicine doctors (KMDs) in Korea on patterns of integrative Korean Medicine practice for lumbar intervertebral disc displacement: Preliminary research for clinical practice guidelines

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Author's response to reviews:

Dear Editor and editorial staff,

I thank the reviewers and you on behalf of my co-authors for your time and constructive advice helping us better our manuscript on many levels. I submit the revised manuscript which has been revised in accordance with the reviewer's comments and suggestions.

Thank you.

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Reviewer's report

Title: A survey on patterns of integrative Korean medicine practice for lumbar intervertebral disc displacement: Preliminary research for clinical practice
1. The study is a survey of opinion from Korean medicine doctors using Korean medicine for treatment of back pain. This study analyzed the methods of diagnosis and frequently used alternative treatment methods on treating back pain. This study contains a lot of information on what treatments were applied and how were they applied, how can the authors make these data valuable thereby establish clinical practice guidelines in Korean medicine for back pain? Please discuss further.

While clinical practice guidelines (CPGs) are guidelines synthesized from evidence collected from high-quality randomized controlled trials and systemic reviews, trial-based evidence alone cannot fully reflect actual clinical practice, and partially due to this reason most studies on clinical compliance with evidence-based guidelines have reported low conformance.

Discussions for expert consensus on clinical practice patterns should precede controlled trials to be implemented in study design and construction of CPGs, and the authors believe that these survey results hold considerable value as preliminary research to prioritize in design of RCTs for future CPGs. We will discuss how these results may be implemented in future CPGs in Korean medicine for back pain as the reviewer kindly suggested as follows.

“Despite the high availability of reviews and clinical guidelines, how many practitioners manage patients in everyday care has been shown to be disparate from guidelines in the US, Canada, Australia, Spain, and Israel [44-48] Moreover, various methods of clinical guideline knowledge transfer to physicians and patients were found to be ineffective in improving guideline concordance [44]. Therefore, characteristics of the diagnostic process and management outlined in this study should be given more consideration when designing clinical trials and constructing clinical guidelines on IDD to facilitate implementation.”

2. One finding of the study was the time needed to achieve a 50% or 80% pain reduction. The length of treatment needed to achieve a reduction of pain was indicated. However, the percentage of pain reduction was merely the memory and opinion from a KM. How can the length of the treatment be translated to the clinical setting? Please discuss further.

We agree with the reviewer’s opinion that as the collected data relied solely on memory and subjective opinion of practitioners, it is liable to bias. In clinical
settings, there are many contributing factors to consider in patient prognosis (e.g. age, comorbidities, chronicity, severity of disc herniation and symptoms).

However, for those unfamiliar to Korean medicine treatment of lumbar disc herniation and researchers interested in efficacy of Korean medicine treatment for lumbar disc herniation, these results can provide a basic idea as to what treatments are used and duration of treatment to expect clinically perceivable change.

The reviewer’s comment has been included in the Limitations part of Discussion section as follows.

“Another limitation is the fact that data relied on memory and subjective opinion, thus liable to bias, and should be interpreted with caution. For example, in determining average length of treatment needed for 50% and 80% pain reduction in clinical practice, there are many contributing factors to consider (e.g. age, comorbidities, chronicity, severity of disc herniation and symptoms). However, for those unfamiliar to KM treatment of IDD and researchers interested in efficacy of KM treatment for IDD, these results can provide a basic idea as to what treatments are used and what duration to expect clinically perceivable change.”

Minor Essential Revisions

The author can be trusted to make these. For example, missing labels on figures, the wrong use of a term, spelling mistakes

1. The manuscript contains syntax and grammar errors, and typo, it is quite difficult to read as it is now. It should be revised thoroughly and corrected by professional language editing agency.

   We have reviewed and corrected the article accordingly for syntax errors, grammar mistakes, and typos. We have also had a third person review the manuscript thoroughly for any further mistakes. The corrections are indicated in the manuscript with tracked changes.

2. References are often placed only at the end of each paragraph which should be cited already when statement or information was referred from any publications. For examples, Page 12 data comparison between surgeon and KDM, are these number from other articles?

   We have placed the references with more accuracy at first reference of previous publication statements or information as follows.

   “Of the 55 articles, 19 provided partial or full questionnaire contents, all of which are referred to as model questionnaires in our study [12-29].

   -> Of the 55 articles, 19 provided partial or full questionnaire contents [12-29], all of which are referred to as model questionnaires in our study.”

   “Statements extracted from two questionnaires conducted in MDs were translated, revised, and added as the last section of the questionnaire to investigate level of consensus on IDD among KMDs [13].
Statements extracted from two questionnaires conducted in MDs [13] were translated, revised, and added as the last section of the questionnaire to investigate level of consensus on IDD among KMDs.”

“However, IDD treatment in Korea is not usually singular, resulting in disparity between research and clinical settings [6, 11, 35].

“However, IDD treatment in Korea is not usually singular [6, 11, 35], resulting in disparity between research and clinical settings.”


We have added the relevant reference for the statement on page 3, line 11 as follows.


4. P5, line 18 & page 10, line 23, specify MDs or use KMD or MD consistently. Clarify difference between Korean medicine doctor, medical doctors or surgeon. It is maybe very well understandable in Korea but maybe not for all reader of an international journal publication.

We agree with the reviewer’s suggestion that there is need for clarification and consistent use of terms and practices unique to the Korean medical system. We have made the necessary changes, and have added a brief explanation of the dual medical system of MDs and KMDs in Korea.

“Korean Medicine doctors (KMDs) are licensed to independently and mutually exclusively practice KM, and medical doctors (MDs) conventional medicine within a dual medical system in Korea. KM covers various modalities such as acupuncture, herbal medicine, cupping, Chuna manipulation and pharmacopuncture. Both MDs and KMDs are licensed by the Korean Ministry of Health and Welfare and are required to complete 2+4 years of undergraduate or 4 years of postgraduate courses.”

Discretionary Revisions

1. To improve the readability of the manuscript, the author can add section subtitles in the result section and a topic sentence in every paragraph.

Subtitles were added to the results section for clarification as follows.

“Strengths”, “Limitations”, “Future Implications”

2. Table 1. years of clinical experience is a bit confusing as written in the form as now. better to use 5-10 years, 11-15 and so on. Please explain what is primary and secondary level of care.

We agree that the redundancy in the numerical values in Table 1 may cause
confusion. We have made the suggested changes as follows.

Clinical experience (years) 12.1±5.5
5# #10 44
11# #15 48
16# #20 19
#21 12

We have revised the expression from level of care to level of healthcare facility, and added footnotes explaining primary clinics and secondary facilities as follows.

“Level of healthcare facility of currently affiliated institutiona
Primary clinic
Secondary facility

aPrimary clinics hold <30 beds for inpatient care.
Secondary facilities hold 30# and <500 beds for inpatient care, and at least 4 outpatient departments including specialties.”

Reviewer’s report
Title: A survey on patterns of integrative Korean medicine practice for lumbar intervertebral disc displacement: Preliminary research for clinical practice guidelines
Version: 2 Date: 17 August 2015
Reviewer: Darong Wu

Reviewers report:
This is a valuable survey. It may provide useful information on the application of Korean medicine for lumbar IDD treatment in Korea.

Major Compulsory Revisions
1. The title: because the survey was carried out among practitioners in Korea, I suggest the author to revise the title as “a survey among Korea Medicine Doctors (KMDs) in Korea…”

We agree with the reviewer in that there is need for clarification. We have added “a survey among Korea Medicine Doctors (KMDs) in Korea…” to the title as follows.

“A survey among Korea Medicine Doctors (KMDs) in Korea on patterns of integrative Korean Medicine practice for lumbar intervertebral disc displacement: Preliminary research for clinical practice guidelines”

2. To my knowledge, types of Korean Medicine syndrome differentiation theories determine the corresponding types of therapies that the doctors will choose. If
this is the case, the author shall analyze the types of treatments in a sub-group way. For instance, doctors who choose eight principle pattern identification, which kinds of interventions they will prefer? One may obtain more useful sources among the internal-connected information.

While types of Korean medicine syndrome differentiation theories determine the corresponding types of therapies as the reviewer kindly pointed out, this survey was conducted at Korean medicine institutions which support a more conventional and standardized approach to Korean medicine. These institutions treat patients based on structural disorders as diagnosed by conventional imaging tools and using Korean medicine treatment methods such as acupuncture, herbal medicine, cupping, Chuna, and pharmacopuncture. As shown in Table 2, pattern differentiation was not highly relevant in diagnosis for the Korean medicine physicians surveyed in this study.

Statistical analysis was performed accordingly for association between choice of preferred herbal medicine intervention with specific syndrome differentiation type as suggested by the reviewer, but results did not indicate significant correlation with diagnosis. We have included a short summary of these results in the Discussion section as they may be a point of interest for readers more familiar with Korean medicine.

“These results suggest that the KMDs who participated in our survey considered clinical symptoms and radiological findings to be more influential in lumbar IDD prognosis than syndrome differentiation. In additional analysis of difference in herbal medicine use by major syndrome differentiation (data not shown), results showed that Chungpa-jun was most frequently prescribed regardless of syndrome differentiation. The anti-inflammatory [37], nerve regeneration [38], and cartilage protective effects [39] of Chungpa-jun have been demonstrated in in vivo and in vitro studies, and outcomes of clinical trials using Chungpa-jun in IDD [40] and arthritis patients [41] have also been published. It can be inferred that the participant KMDs viewed evidence-based herbal medicine use to be of more relevance than syndrome differentiation.”

Minor revisions

On page 6, last sentence of the first paragraph, the author mentioned “the absentees were asked to return the completed questionnaire by mail”, which means that part of the questionnaires were collected during the conference, while others were received through mails. In this case, the author shall let us know the exact number of questionnaires for both situations.

We have added the specific numbers of questionnaires collected on site and those collected via mail as follows.

“The response rate was 79.19% (n=118/149, of which 96 were collected on site, and 22 by mail).”