Author’s response to reviews

Title: GLA:D® Back: Group-based patient education integrated with exercises to support self-management of persistent back pain - Feasibility of implementing standardised care by a course for clinician

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Author’s response to reviews:

Reviewer #1: This is a well written and interesting paper describing a mixed-methods feasibility study to test a standardised group based patient education and exercise programme called GLA:D Back.

Overall, the piece is balanced and informative.

Thank you for your review and the positive feed-back.

I only have one major concern:

There is not enough detail about the underpinning theory and behavioural framework or logic model for the GLA:D Back intervention. The reader is left not knowing what innovative changes in the way patients are educated by clinicians the team hope to achieve through this programme.
In addition, it was unclear how this theory fed into the questions asked within the qualitative aspects of this study.

We do recognise that the intervention needs to be described in more detail although a separate publication on the intervention has just been recently published. We have added the following to “The GLA:D Back intervention” section on page 7 of the manuscript:

“The intervention was developed around the social cognitive theory and the cognitive behavioural theory. Education and movement are the tools used to support the development of self-efficacy. The key messages (for example back pain is common, pain intensity does not reflect tissue injury, and the spine is strong and designed for movement) are stressed throughout the patient education sessions and integrated with the supervised exercise sessions. Further to this, the patients’ existing beliefs and concerns are addressed.”

Minor suggestions:

Title: Suggest re-wording the title to state 'Feasibility of implementing a training course for clinicians'

Thank you for your suggestion. Since we not only intended to study the clinician course, but rather to what extent the course is a useful tool for implementing the clinical intervention, we revised the title to read:

“GLA:D® Back. Group-based patient education integrated with exercises to support self-management of persistent back pain - Feasibility of implementing standardised care by a course for clinicians”

Background:

Line 12 change 'recommendation' to 'recommendations'
Thanks. This was corrected

Methods: Page 5 line 51… typing error 'ts' should be 'Patients'

Thanks. This was corrected

The improvements expected to be seen from the training course in the way clinicians educated their patients about back pain are not made explicit in the section about the 'Training of clinicians'

How were these clinicians identified and recruited to attend the course? How representative are they? The GLA:D Back intervention is described elsewhere - but it would be useful to note here what educational components are covered within the intervention (e.g. medication, sleep, work etc…)

The expected improvement was (at least in the first place) clinicians would deliver the GLA:D Back intervention in their clinics as described in the section entitled ‘Training of clinicians’ on page 6.

On page 5 we wrote how the clinicians were recruited for the study. The clinicians were either clinicians who heard about the development of GLA:D Back and wanted to be trained or clinicians who had participated in previous research projects with us. Therefore, the group of clinicians are not representative of physiotherapists and chiropractors who are currently practising in primary care.

It was intentional that the participating clinicians were highly selected and not considered representative of physiotherapists and chiropractors in primary care. As described in the paper “We chose this group of clinicians to explore if implementation of the GLA:D Back intervention would be feasible with highly motivated clinicians since otherwise the strategy would need to be substantially changed.” We consider this a reasonable strategy for a feasibility study, and believe we did not suggest that the results of this study would be generalisable. Please let us know if you find this needs further elaboration in the paper.
We did not add details about the clinical intervention to this section, but referred to the following section “The GLA:D Back intervention”.

The discussion is a little long and points of learning from the study could be made more succinctly and better summarised perhaps in a figure?

We realise that it is a long discussion, and the revised version has been shortened. However, because we decided not to progress with a full-scale stepped-wedge trial we find it particularly important to explain the difficulties with this design which may not be very clear from our otherwise promising results.

Reviewer #2: This was an interesting study dealing with important feasibility issues prior to large scale effectiveness studies. Some minor comments for revision are detailed below

Thank you for your review and positive feed-back.

Abstract

Pg 2 line 17: 'attending' not 'attended'

Pg 2 line 30-31: 'and at high risk' not 'and in high risk'

Thank you. This was corrected
Introduction

Page 4 lines 10-23 (study objectives): Objectives 3 and 8, please change phrasing to increase clarification of the objective being tested. How was the use of questionnaires tested (validity, reliability, response rate, outcome etc)? How was the usefulness of the outcome measures established? Possibly an objective around modifications to the GLAD back program based on the results could also be added, as this is a major subheading in the results.

We altered the wording of objectives 3 and 8 and added objective number 9:

3. To test the administration of questionnaires for determining clinicians’ confidence and back beliefs and the potential for capturing any change on these scales,

8. To judge the usefulness of outcome measures in terms of completeness of responses

9. To identify areas of the GLA:D Back programme that need to be modified

Methods

Page 5 line 39: 'December 31st'. not 'December 31th'

Thank you. This was corrected

Page 5 line 51-57: repeat of lines 46-51 6. Page 6 line 49: 'ion a treatment option' repeat of prior wording

Thank you. This was corrected
Page 6 Interventions in the before- and after-group: was the before group specifically excluded from being involved in GLAD back? If they were being followed for 2 months, they might have still been receiving treatment when GLAD back started, and may have been included by the clinician. If excluded please state.

We added that people included in the before-group could be offered GLA:D Back participation before their follow-up. We also added to the result section how many in the before-group were enrolled in GLA:D Back and commented on this in the discussion.

Page 9 line 13: there is a question mark that I don't think is intended

You are right. Thanks for spotting that.

Was any data collected on the number of LBP patients seen by the practitioners during the recruitment period, to work out what percentage of patients were recruited to either the study or to the GLAD back program?

Unfortunately, we do not have data on the number of LBP patients seen, which we agree would have been very useful. We considered asking the participating clinicians to identify and document a broader group of patients which can be screened for fulfilling the eligibility criteria, but based on our experience from practice based research we found this would require more resources than available. Furthermore, primary care clinics do not have a routine patient documentation sufficiently precise to identify these patients this way.

Discussion

Were the changes in PABS statistically significant? The analysis doesn't seem to be assessing for this but the statement in the discussion (page 14 lines 30-31) implies that there was a definite change. Please make the uncertainty more apparent if not a statistically significant result.
Yes, the changes were statistically significant. However, since this was a feasibility study not designed for hypotheses testing we did not want to report p-values. Rather we changed the wording from PABS scores ‘demonstrated an overall change …’ to ‘PABS scores indicated…’.

Figures

Figure 1: for the GLAD back group were there 2 specific inclusion timepoints as indicated or was inclusion available from August to December in total as it reads in the text?

Those enrolled in GLA:D Back during the period when the after-group was recruited were analysed in the after-group and we clarified that in the section ‘Study Participants/Patients’. “…. the GLA:D Back group were patients enrolled in the GLA:D back programme between August 23rd 2017 when clinicians finished the course and December 31st 2017, except for those enrolled during recruitment of the after-group.”