Author’s response to reviews

Title: Gout and Sexual Function: Patient Perspective of how gout affects personal relationships and Intimacy

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Author’s response to reviews:
We thank the reviewers for their comments. Following are our point-by-point responses to the comments.

Reviewer reports:
Amy Nguyen (Reviewer 1): This paper discusses the results from nominal groups with gout patients about the impact of gout on their sexual intimacy.

Abstract
1. Define nominal group. This term is not used commonly outside of those conducting qualitative research and needs to be defined.

Response: We have defined nominal group technique in the introduction section, as requested.

“A nominal group technique is a variation of brainstorming where individuals come up with ideas on their own and evaluate, rank, and agree on ideas as a group; in other words it is a group process of problem identification, generation of solution/s and decision-making [5, 6].”

Introduction
2. The short introduction is based on four references (one of which is the author's), and so more detail about these studies is needed to build up a clearer rationale for this study.

Response: We have expanded the introduction and strengthened the rationale for the study.

“Gout is the most common inflammatory arthritis in adults with an increasing prevalence in the US and worldwide [1, 2]. Gout leads to significant morbidity burden and is associated with deficits in quality of life (QOL) [3-6]. In a qualitative study assessing the QOL, 40% of the nominal groups reported that gout flares negatively affected sexual function, leading to problems
in having sex as well as to low or no sexual desire [7]. Recent observational studies showed that gout was associated with a higher risk of both organic and psychogenic erectile dysfunction in men [8-10]; data from women are limited. This indicated that gout may be associated with sexual dysfunction.

Sex is an important contributor to QOL [11]. Understanding patient perspective related to sexual function is important, since sexual dysfunction is often under-detected and undertreated because of barriers to the discussion about sex during doctor-patient communication and the lack of medical training in human sexuality [11]. Previous studies have reported that patients with chronic diseases have a higher risk of sexual dysfunction, related to illness, treatment and concomitant depression [11-13]. Theoretical models have been proposed for sexual dysfunction in chronic diseases to help understand the underlying constructs and mechanisms [14, 15]. The autoimmune counterpart of gout, rheumatoid arthritis is associated with a high prevalence of sexual problems [16]. Despite the evidence of sexual dysfunction in other inflammatory arthritis [17-20] and these conceptual models for chronic diseases, there is paucity of data related to sexual function in gout. We know little or nothing about how gout affects sexual life and relationships.

The study objective was to use NGT in people with gout to assess the effect of gout on their relationship with spouse or significant other, including the effect on intimacy. A secondary objective was to assess whether these effects differed by patient gender. Our aim was to fill this important knowledge gap. A nominal group technique is a variation of brainstorming where individuals come up with ideas on their own and evaluate, rank, and agree on ideas as a group; in other words it is a group process of problem identification, generation of solution/s and decision-making [21, 22].”

Materials and methods

3. More information is required about what nominal group technique sessions consist of. It is not clear for those who have not conducted these previously.

4. The use of subheadings within the NGT session paragraph is required to make it clearer.

Response: We have added more details and clarified the nominal group technique in the methods section, as suggested in these comments. Each step is now identified by a separate paragraph. We have added subheadings to the section. This is now presented on pages 5-6 in the methods section.

“A nominal group technique is a variation of brainstorming where individuals come up with ideas on their own and evaluate, rank, and agree on ideas as a group; in other words it is a group process of problem identification, generation of solution/s and decision-making [14, 15].”
“The NGT session consisted of the following discrete steps. They were conducted with participants seated in a large patient conference room with an oval table, and the NGT moderator and the flip chart at the head of the table. At first, each NGT participant independently quietly generated as many word or short phrases as possible in response to the question on a sheet of paper, without any discussions with other participants. This step was allocated 5-7 minutes depending on whether participants were still listing responses at the end of 5-minutes.

Each participant then nominated a single response each in a round-robin fashion, which was recorded verbatim by the NGT moderator (J.A.S.) on a flip chart in large letters visible to the group participants. Participants nominated responses until all responses were recorded. This approach prevents domination of this phase by people with a higher number of listed responses. This step took 5-10 minutes, depending on the number of nominated responses.

Participants then discussed and elaborated each response as a group and combined responses that seemed to be very similar, as appropriate. The NGT moderator (J.A.S.) ensured that all NGT participants participated actively in the discussion. This step took 30-40 minutes.

Finally, all participants identified and rank-ordered the three responses deemed important from 1 (important) to 3 (most important) on index cards, 3 being the highest rank score. This was done by placement of colored dots on a card where participants listed their three top ranked responses (three dots for the most important concern), which were collected by the moderator or the research assistant. Scores were added from each NGT participant and placed scores next to the listed responses on the flip-chart. A rank-order was created for each nominal group based on total scores, with highest score corresponding to the top rank.

The number of nominal groups identifying responses with high relative rank ordering was analyzed. Transcriptions were examined to confirm that all main statements made relative to each response (discussions directly connected, etc.) were captured and led to the creation of a comprehensive list of statements. Responses were compared to determine overlap, to ensure that nominal groups were performed until saturation, which was defined as the emergence of no new themes/responses.”

5. How was it ensured that all participants in the NGT spoke?

Response: Equal participation is the definition of NGT and one of the main differences from focus groups. We have clarified this further. For details, also see the response above.

“One of the main differences from the focus group is that NGT allows an even participation of each participant, in contrast to possible domination by the most active participants, and less participation by others participants.”
“Each participant then nominated a single response each in a round-robin fashion, which was recorded verbatim by the NGT moderator (J.A.S.) on a flip chart in large letters visible to the group participants. Participants nominated responses until all responses were recorded. This approach prevents domination of this phase by people with a higher number of listed responses.”

“The NGT moderator (J.A.S.) ensured that all NGT participants participated actively in the discussion of responses.”

6. Data analysis of information from NGT sessions requires deeper descriptions about how the data from each NGT was combined, and what information was actually combined. i.e. were the top 3 responses from each NGT recorded and then it was determined which were the most frequent? How did the transcriptions add value to these ranks - were the ranks confirmed by transcriptions?

Response: We have clarified the ranking in the methods section, as requested. Th rankings were based on counting the dots for each response. As specified, we examined transcriptions of audio-recorded sessions to confirm the accuracy of discussions related to response.

“Analyses

For each nominal group, an aggregate total score was calculated for listed responses on the flip chart and the ranking was determined based on the total scores from all participants, highest score being the top rank and next highest score being the 2nd ranked response/concern. The moderator calculated score for each concern. The scores were double-checked by the study coordinator (C.G.) to ensure accuracy. We examined the top ranked and top five ranked concerns from each nominal group in an overall analysis across all nominal groups and presented the frequency with which each concern appeared among the top and top five concerns. In addition, we also compared the total scores for the concerns across all nominal groups and presented these data as a figure as a proportion of all votes, i.e. a grand total score across all nominal groups (equals 6-times the number of voting participants).”

“Transcriptions were examined to confirm that all main statements made relative to each response (discussions directly connected, solutions generated, etc.) were captured and led to the creation of a comprehensive list of statements.”

7. Was the data only analysed by one person? Was there a second analyst to confirm the findings? As this is qualitative research, you would hope so as to minimise any subjectivity.
Response: Scores calculated by the moderator were double-checked by the study coordinator (C.G.). All other aspects of the results were provided directly by the patients (see methods and an earlier response to a similar comment).

“The moderator calculated score for each concern. The scores were double-checked by the study coordinator (C.G.) to ensure accuracy.”

Results

8. Please provide the range, as opposed to S.D. for ages etc

Response: We have added range for age, as suggested.

“The mean age was 61.7 years (standard deviation [SD], 12.2; range, 40 to 83 years),…”

9. The results of the main themes may be better displayed using a table format (with bullet points) for ease of following as each theme has many subthemes within them.

Response: We have created a new table, table 3, as suggested.

“Table 3. List of themes and subthemes from all nominal groups combined, with representative quotes”

10. As this is a qualitative study, representative quotes from participants would be useful and demonstrate the strength of using a NGT approach for this study.

Response: We have provided representative quotes in the new table 3, and a larger set of quotes in appendix 1, which we have now clarified in the titles.

“Table 3. List of themes and subthemes from all nominal groups combined, with representative quotes that are bulleted”

“Appendix 1. Main themes from study participants and the concept they map to (in parenthesis) along with patient quotes, which are bulleted

11. A summary figure of the main themes and subthemes would be useful to readers.

Response: We have added a summary figure of themes and subthemes as suggested, figure 2.
Discussion

12. Some of the Discussion is merely repeating what is stated in the Results without proper discussion on its clinical relevance to those with gout and its impact upon their sexual intimacy.

Response: We have revised the discussion and expended the previous section on clinical relevance of our results, as suggested. Please see extensive revisions on pages 10-14.

“A clinical implication of this study is that a patient-physician dialogue is necessary to assess whether or not gout is currently impacting their sexual life, and if so, better understand the effect. Considering the important contribution of sexuality to QOL [11], an optimal management with treat-to-target strategy [36, 37] to reduce gout symptoms and flare rates, potentially reducing the impact of gout in sexual health and improving patient’s QOL. For people with refractory sexual dysfunction despite optimal gout management, referral to an expert to address associated sexual issues may benefit a sizeable proportion of gout patients, and improve their QOL.”

13. The paper cites few references, and could be strengthened by examining differences and similarities between this and related impact of gout studies.

Response: We have added section on comparison to limited literature of effect of arthritis on sexuality as suggested. Limited studies exist in gout, all in men, as noted.

“Studies in other inflammatory arthritides reported that pain, physical disability, joint deformity and concomitant depression was associated with sexual dysfunction [17-20]. Studies in men with gout showed that gout was associated with more erectile dysfunction [8-10]. No data are available for women in gout. Our formative study advances the field by providing qualitative data on sexuality in people with gout in the absence of such data, and including women in our study, both first to our knowledge.”

Peter Gow (Reviewer 2): This is an excellent report of an important though rarely discussed topic for patients with gout, clearly written with appropriate tables

My only recommendation would be to change the word "sex" when talking about males and females to "gender" which would avoid confusion in view of the topic of the report

Response: We have made this change throughout the paper.

“Abstract:
There were no differences evident by patient gender in the concern that was top-ranked.

Results:

Effect of Gender on Intimacy/sexual Concerns”

Anne O'Brien (Reviewer 3): Gout and Sexual Function: Patient Perspective of how gout affects personal relationships and Intimacy

The title could include location / country of study - Alabama, USA

Thank you for the opportunity to review this potentially important topic of study which should be of interest to the readership. This is in my view a worthy study, but at present requires more detail to clarify methodology particularly. I hope the comments and related suggestions included are read as intended to be constructive to enhance the potential for future publication.

Abstract:

* The study objective doesn't tie with results which only reports concerns - both should match so results need to state, yes relationship and intimacy issues are (universally?) reported by participants.. if not balance the results, stating not all.

Response: We think the word “concerns” is creating confusion, this was changed to “responses” and many of these map to theme/subthemes as in the focus group results. We have copied study objective, NGT question, which are line with each other. We have copied and pasted them below.

“Abstract: To assess how gout impacts relationship and intimacy with spouse/significant other.”

“The study objective was to use NGT in people with gout to assess the effect of gout on their relationship with spouse or significant other, including the effect on intimacy.”

“How has gout affected your relationships? (think of relationship with your spouse, boy/girlfriend or significant other including the effect of gout on intimacy)”

* Results could be summarised more distinctly; demographics of age, gender, marital status and current medication are currently all mixed up.
Response: We have rearranged the description of demographics to make them in the same order as in the table.

“Fourteen nominal groups with 44 patients with gout were conducted, and saturation of themes was achieved. The mean age was 61.7 years (standard deviation [SD], 12.2; range, 40 to 83 years), 50% were men, 68% were African-American, 43% were retired and 48% were currently married (Table 1). Seven groups consisted of men only and six consisted of women only; one group had men and women. The mean duration of gout was 11.8 years (SD, 11.8) (Table 1). Seventy-nine percent of participants were using allopurinol (with/without colchicine, NSAIDs or prednisone), 15% were using febuxostat, and 5% were using only pain medications.”

Intro: Rephrase "in other words" - not appropriate in an academic journal
Response: We have deleted this phrase.

“We know little or nothing about how gout affects sexual life and relationships.”

Methods / Sample:
* More detail needed; were consecutive patients invited, how was gender balanced etc?
Response: We invited consecutive patients. Since except nominal group 2 with both men and women we performed sex-stratified nominal groups, and we conducted our study until saturation was achieved in responses, similar numbers of men and women were enrolled. We ended up with an exact 50% women and 50% men by chance,

“The study team invited a convenience sample of consecutive patients with doctor-diagnosed gout identified with at least…..”

* "oversampled" - would benefit from rephrasing
Response: We have defined nominal group technique in the introduction section, as requested.

“African-Americans are usually under-represented in most qualitative research in gout with few exceptions [17, 18]; therefore a larger proportion of African-Americans were invited to participate in this study.”

* $30 check - for international audience rephrase to "payment"?
Response: We have changed it to payment.

“The study participants received free parking, refreshments during the session and a payment of $30 for their participation.”

* Clarify (for international audience) was the IRB an ethical review board?

NGT, "sessions" (what is meant by this? - worth rephrasing) and analyses -

Response: We have provided the explanation re: ethical board and clarified the sentence mentioning sessions.

“The Institutional Review Board (IRB, i.e. ethics review board) at the University of Alabama at Birmingham approved the study.”

“The study team conducted patient NGT sessions/meetings lasting 1-hour each to understand.”

* This section would benefit from being broken up into separate paragraphs to aid clarity.

Response: We have broken down the section into separate paragraphs, as suggested. Please see pages 4-6, and the response to a similar comment from reviewer #1, comments #3-4.

* Some further justification of the choice of NGT as a methodology is needed; usually this method is used to promote full group participation, discussion of problems (stated by authors), and identification of solutions (not stated by authors nor asked for by simply posing one study question to participants) that are then prioritised via consensus.

Response: We agree with all these statements regarding the choice of nominal group technique and we have now highlighted this in our methods, as suggested.

“The NGT is a variant on traditional focus group that taps the participants’ experiences, skills, views or feelings and promotes that has been used successfully in various medical settings [21-27]. One of the main differences from the focus group is that NGT allows an even participation of each participant, in contrast to possible domination by only the most active participants, and less participation by others participants. NGT also allows discussion of the problems identified.”

* Avoid "we" finalized.. etc
Don't start a sentence with "Except" the second… rephrase

Response: We have revised both sentences.

"After an iterative process, the study question was finalized:"

“All nominal group sessions included either women or men, except the second NGT session that included both men and women.”

What type of recording.. written/ audio etc?

Response: NGT sessions/meetings were audio-recorded and the study coordinator took notes during NGT.

“A research assistant (C.G.) took notes during NGT and audio-recorded each session; an administrative assistant (D.F.) fully transcribed all the discussions verbatim, which were reviewed to ensure that the essence of discussion was captured.”

If the question was "How has gout affected your relationships? (think of relationship with your spouse, boy/girl-friend or significant other including the effect of gout on intimacy)", were sub-questions employed to then explore possible solutions to the prioritised problems?. If so, this has not been stated in the methods section.

Response: We only asked the question shown. The part in parenthesis clarified that we were interested in assessing the impact on sexual relationships, and not other relationships. No additional questions were asked to the participants.

“Possible solutions to the prioritized problems by the patients were not assessed due to limited time; this is an important research agenda that needs to be addressed with future studies.”

Might a figure (flow diagram) be useful illustrating some of the method used and discrete steps of the NGT?

Response: We have added more details about the NGT process, as suggested. Please see Pages 5-6 and response to a similar comment #3-4 from reviewer #1.

Pg 5 talks about "solutions generated" but this has not been mentioned as part of the research question…”
Response: We have deleted this typographical error.

“The number of nominal groups identifying responses with high relative rank ordering was analyzed. Transcriptions were examined to confirm that all main statements made relative to each response (discussions directly connected, etc.) were captured and led to the creation of a comprehensive list of statements. Responses were compared to determine overlap, to ensure that nominal groups were performed until saturation.”

* Authors should justify why groups were separated by gender (apart from the 2nd group)? Was this an aim of the study to explore gender differences? - were the mixed group responses different from the uni-sex groups?

Response: We have clarified that this was a secondary objective. There weren’t enough mixed groups to compare them to sex-stratified groups. Men and women were also compared and results are presented on page 10.

“The study objective was to use NGT in people with gout to assess the effect of gout on their relationship with spouse or significant other, including the effect on intimacy. A secondary objective was to assess whether these effects differed by patient gender.”

* How was "saturation" defined and agreed? - this has not been discussed in the methods at all. Is the term appropriate in a NGT method when participants continue discussions until consensus is agreed?

Response: Saturation was defined as the emergence of no new themes/responses. We have clarified this.

“Responses were compared to determine overlap, to ensure that nominal groups were performed until saturation, which was defined as the emergence of no new themes/responses.”

* What form of data analysis was used; How were themes discussed/ agreed by the research team? As results are presented this becomes more important to justify but this is currently omitted by the authors.

Response: We have clarified the NGT process. In NGT, patients nominate, describe, group/ungroup and rank the themes/responses. Data for all quantitative data analyses were completed by the end of the NGT, details of summarization of overall data are now provided in the methods. Data analysis details have been added as requested.
For each nominal group, an aggregate total score was calculated for listed responses on the flip chart and the ranking was determined based on the total scores from all participants, highest score being the top rank and next highest score being the 2nd ranked response/concern. The moderator calculated score for each concern. The scores were double-checked by the study coordinator (C.G.) to ensure accuracy. We examined the top ranked and top five ranked responses from each nominal group in an overall analysis across all nominal groups and presented the frequency with which each concern appeared among the top and top five responses. In addition, we also compared the total scores for the responses across all nominal groups and presented these data as a figure as a proportion of all votes, i.e. a grand total score across all nominal groups (equals 6-times the number of voting participants).”

“Analyses

For each nominal group, an aggregate total score was calculated for listed responses on the flip chart and the ranking was determined based on the total scores from all participants, highest score being the top rank and next highest score being the 2nd ranked response/concern. The moderator calculated score for each concern. The scores were double-checked by the study coordinator (C.G.) to ensure accuracy. We examined the top ranked and top five ranked responses from each nominal group in an overall analysis across all nominal groups and presented the frequency with which each concern appeared among the top and top five responses. In addition, we also compared the total scores for the responses across all nominal groups and presented these data as a figure as a proportion of all votes, i.e. a grand total score across all nominal groups (equals 6-times the number of voting participants).”

Results

* Not easy to read as written..(A-H) data are not summarised, but almost seem to be reported as raw data - briefer summaries and illustrative participant quotes to be included to summarise themes would rectify this.

Response: We have shortened results to make them easier to read, and also added a new table with themes/subthemes and illustrative quotes, Table 3.

1. Physical impact on intimacy: 11 of the 14 nominal groups ranked this among the top 5 responses, and eight nominal groups ranked it as the top concern. Themes and subthemes are shown in Table 3, with illustrative quotes. Gout led to a reduction in the frequency of sexual activity. Some people “lost relationships over gout” and others were unable to be in a relationship due to gout, since their partner did not understand the pain/suffering from
gout and/or did not want to be in a relationship that required them to take this kind of responsibility.

2. Emotional impact on intimacy: Nine of the 14 nominal groups ranked this among the top 5 responses; it was the top ranked concern in two nominal groups. Themes and subthemes are shown in Table 3.

B. Physical limitation/dependence or Social Life interference/limitation

1. Physical function limitation: Six of the 14 nominal groups ranked this among the top 5 responses; it was the top ranked concern in two nominal groups.

2. Physical dependence: Four of the 14 nominal groups ranked this among the top 5 responses.

3. Limitation of social life activities: Six of the 14 nominal groups ranked this among the top 5 responses.

Themes and subthemes are shown in Table 3.

* It would be worth stating how many of the 44 participants overall reported that intimacy had been affected in some way or other by their gout (or emphasising only very few appear to be unaffected)

Response: NGT doesn’t provide a mechanism to calculate the number of people with no effect on relationships. Only 1 of the 14 groups ranked the response of no effect of gout on sexual among the top concern. We have added a statement as suggested.

“Interestingly, one nominal group with gout under good control with few/no flares indicated that gout had not affected their relationship. This indicated a minority of people with gout had no effect of gout on sexual function.”

* Overall the themes identified do not all appear to be related to intimacy issues as presented, so some consideration of rewording these would be beneficial for the reader.

Response: We have reworded themes, as suggested.

“Physical or emotional impact on intimacy

Disability/dependence Interfering with Social Life and Intimacy
Trust issues/ understanding by spouse or significant other

Problem with Self-image and perception by partner

Restricted Diet/Food choices negatively impacting the relationship

Treatment-related Financial Burden stressing relationship

Emotional Impact- communication, personality changes, effect on self or spouse

Not in a relationship currently/ No or positive effect on relationship”

* Unfortunately the numbers in brackets are not helpful.. e.g. (1) etc. bullet points may be more helpful but these themes should be presented and summarised in an easier to read format.

Response: We agree and have deleted the numbering. As per a similar comment from another reviewer, have made a new table, and deleted this from the text. This has made it easier to read.

* A2 - (3) spouse wasn't aggressive towards intimacy due to their gout; what does this mean?

Response: This meant that spouse avoided sex/intimacy worrying about gout in their spouse (“not sexually aggressive”), we have clarified this as follows.

“When you are hurting, your wife won’t be aggressive towards intimacy- she will avoid it”

* E - diet/ food choices- a link needs to be made between this reported finding and intimacy.

A. Response: We have reworded this, as suggested

“Restricted Diet/Food choices negatively impacting the relationship

* "H - Not in a relationship currently/ No or positive effect

* Three of the 14 nominal groups ranked this among the top 5 concerns… ” - this is not clear; are participants concern that they are not in a relationship because of their gout?.. This is completely different however from saying that their gout has no effect.. which is completely different from saying a positive effect [on intimacy] (which doesn't appear to be reported anywhere)

Response: In two nominal groups, some people had not been in a relationship since the diagnosis of gout; Gout was not the reason to not be in relationships. We have clarified this. In one
nominal group, some people reported no effect or positive effect. We have now added discussion related to this.

“Three of the 14 nominal groups ranked this among the top 5 responses, of whom two nominal groups had people who had not been in a relationship since the diagnosis of gout, and therefore were unable to assess whether it would or would not have an effect on relationships. Gout was not the reason to not be in a relationship.”

“Interestingly, a few people in two nominal groups had not had a relationship since the diagnosis of gout, and therefore could not assess its effect on relationships; the choice of not being in a relationship was not related to gout (different from people described at the beginning of the paragraph). We also found that in rare instances, gout had no effect or a positive impact participant’s relationship. Participants attributed this to an understanding spouse, a strong relationship with spouse prior to the disease appearance, and infrequent gout flares.”

* Might it be clearer to refer to patient gender, rather than patient sex as the topic being discussed is intimacy? - p 10

Response: We have reworded this, as suggested.

* The paragraph "Effect of patient sex on concerns" is confusing to read.. may be clearer if the author incorporated these data into the previous paragraphs focusing on themes.

Response: We have clarified this section, as suggested. Since this was a secondary objective of the study, we believe it is better presented separately.

“Effect of Gender on Intimacy/sexual function Responses

The number of nominal groups ranking the following overall top responses were similar between male and female nominal groups: (1) physical impact on intimacy, 4/7 male vs. 4/6 female; (2) emotional impact on intimacy, 1/7 male vs. 1/6 female; and (3) disability, 1/7 male vs. 1/6 female; and (4) trust issues/understanding, 1/7 male vs. 0/6 female.

Potentially more male than female nominal groups ranked the following among the top five responses, (1) emotional impact on communication and personality change, 4/7 vs. 1/5 and (2) restricted diet/food choices negatively impacting the relationship, 3/7 and 1/6.”

* Figure 1 is helpful - could these data be broken down further to reflect gender differences in top concerns? so the bar could be split by colour to reflect M:F views?
Response: We considered this suggestion. Since the figure shows top concerns and there was no differences in the top response between male and female nominal groups, splitting the figure by patient gender makes it complicated without adding any value. Also, it will exclude the one group that had both men and women. Lastly, this figure currently shows the finding for the primary study objective, which we believe is better than representing the secondary objective of gender differences (which there weren’t for the top concern).

* Table 1 Title - …. "for the intimacy question" implies there were other questions.. if so, this should be explicit in the methods and this study put in the context of a bigger one.

Response: We agree and have deleted this typographical error from the title, as suggested.

“Table 1. Demographics of nominal group participants (n=44)”

* Some of the data in Table 1 could be presented in a bar chart figure differentiating gender, some included within the text or represented differently.

Response: We considered this suggestion, and in line with the same reasons as cited for Figure 1 in two comments up, believe that demographic data presented for the entire sample, is more meaningful and consistent with other similar reports in the literature.

Discussion:

This section would benefit and be enhanced by some comparisons with other rheumatic conditions where effect on intimacy has been reported. The author has made further study recommendations and discussed some limitations of the current study, but if data have been analysed by one single researcher only (as suggested) this is a significant omission as a limitation.

Response: We have added comparisons to other rheumatic diseases, see detailed response to a similar comment from another reviewer. We have added the limitation mentioned by the reviewer. However, phrasing and nomination of responses, grouping or ungrouping of responses, voting and ranking are all done by the nominal group participants. Therefore, single vs. multiple researchers has no impact on this main quantitative finding from NGTs.

“Studies in other inflammatory arthritides reported that pain, physical disability, joint deformity and concomitant depression was associated with sexual dysfunction [17-20]. Studies in men with gout showed that gout was associated with more erectile dysfunction [8-10]. No data are available for women in gout. Our formative study advances the field by providing qualitative
data on sexuality in people with gout in the absence of such data, and including women in our study, both first to our knowledge.”

“Interpretation of findings by a single researcher is another study limitation; however, phrasing and nomination of responses, adding details to the responses, the decision to group or ungroup responses, voting and ranking are all done by the nominal group participants, not the moderator. Therefore, it’s unlikely that the number of researchers involved has any impact on the quantitative aspect of the NGT, which were the main study findings.

Conclusion: A useful summary.

Whilst generally well written, there are typographical and grammatical errors that need correction throughout.

I hope the author is able to address comments to enable a future publication.

Response: We have carefully reviewed and corrected errors, as suggested.