Reviewer’s report

Title: Alexander Technique for Chronic Back Pain in a Hospital Out-Patient Clinic in the UK: a mixed methods study

Version: 2 Date: 18 November 2014

Reviewer: Ann K Hopton

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Level of interest:
This is a very interesting paper of importance in its field specifically because Alexander Technique is under-researched and is of potential benefit to patients self-management and potentially useful as an additional referral option for clinicians and policy makers.

Please number your comments and divide them into

Quality of English
The quality of English throughout is mostly acceptable however, in places the use of language is somewhat colloquial and repetitive and too lengthy. Substantial editing throughout is required to produce a paper of publishable standard. I have tried to include examples and how it might be corrected

- Major Compulsory Revisions
1) Abstract: Results. The first sentence does not make sense. “For example; more than half stopped or reduced their medication, and the impact that the pain had on their daily life. “
Should this read: more than half stopped their medication and reported that the pain had less impact on their daily life.

2) Did the service users appear to reduce their pain cost by half? Or would it be fairer to say “Changes in behaviour may explain that the users of AT the reduced use of services and therefore reduced the associated cost.”

Introduction section:
3) page 4 line 12: I strongly disagree that the process by which back pain becomes chronic is unclear. I suggest you refer to the psychology of pain by Professor Stephen Morley and Nadine Foster’s paper on psychological variables and back pain. It is well documented that chronicity and disability can set in through fear avoidance if movement and pain, (kinesophobia) catastrophising and low self-efficacy of the individual.

4) Examples of colloquial language and lack of impact:
page 7 line 60. “Two studies looking at the effectiveness of AT....” ‘Looking at’ is an example of colloquial use. This could be eliminated by the use of “Previous studies...etc”

Page 7 Line 64 – this trial looked into... This could be shortened to “a comparison of six versus 24 AT lessons as adjuncts to... found that...

Page 7 Line 71- a systematic review has been published into the evidence of effectiveness

Would it not be better to say what the systematic review found rather than just it had been published?

Page 8 line 76-77 Remove colloquial use: “Given that robust controlled trial evidence about the clinical and cost effectiveness had already been generated we needed to know about...”

An alternative example: Given that robust controlled trial evidence of clinical and cost effectiveness, the next step is to investigate how...

Methods section

5) Page 8 Line 89-90 Split into two sentences for greater clarity: e.g.

The majority of quantitative data collection preceded the qualitative. The Qualitative research was undertaken to explore patients’ experiences in depth and help to explain the quantitative results.

6) The text throughout the methods section is too repetitive and does not convey enough information. The writing should be more concise and to the point. On page 9 lines 97 to 112 there are six ‘captures’, yet there is mention of useful detail such as the reliability and validity of each questionnaire.

7) Please include a section headed data analysis and be precise in stating what analysis is going to be used. I see descriptive and normality discussed, but the results also report confidence intervals,. – how were these arrived at? Be very explicit.

8) page 11 line 144. How were these cut off time points arrived at? Are they arbitrary or is there a reference?

9) Page 12 line 149 to 150. How long were the telephone interviews? Please include range, mean & standard deviation.

10) Page 12 line 150 How was the purpose sampling arrived at age. Please write more concisely to clarify the strategy. It is unclear.

11) Page 12 line 158- How was this data collected? I am more interested in finding out how.

Page 12 line 162-168 Please include a coding tree diagram so we can see how the codes and themes are related.

Results:

12) Page 13. Line 172 Please don’t start a sentence with a number – its bad form.
Try, A total of 43 a service users..
You could also show this with a diagram it would be easier to follow.
13) Lines 180- Colloquial language again. Average could refer to mean, mode or median please be very specific. Also be more concise in the writing:
For example Try: The results of the BPI show a trend in the reduction of pain from ..... to ..... , which was then maintained at 3 months...
14) Page 13 line 183: The experience of the pain of service users was slightly less severe...
I suggest the pain level reported by service users had reduced from ... to .... following AT
15) Page 14 line 191 Colloquial use of language in breaking this down...
Try; a comparison of...
16) Page 14 Line 195 The authors speculates that this finding may be due to chance. Firstly this comment is a discussion point and has no place in the results section. Also please consider that it may be due to a practice effect whereby service users are practicing the AT and through practice are getting better.
17) Throughout the results section please include Percentages and ( N = _) in brackets or vice versa.
For example Page 15 line 205 “ Nine of the 43 service users – please write Nine service users (21%) or 21% of service users ( n=9)...
18) Qualitative results ( not findings)
Page 16 Line 227/ Please include a description of the themes identified.
19) I would prefer to see quotation marks around the quotes and quotes written in italic.
20) Line 239 the majority of service users- please state the proportion or frequency in brackets
21) Line 272- part of this is down to having more in the personal armoury to be able to cope with pain.
This is yet another example of Colloquial language littered through this otherwise interesting paper.
Try part of this can be attributed to patients reporting an improvement in their ability to cope with pain – or patients reporting a wider range of coping strategies.
22) Discussion
Please restructure. I expect to see a summary of the key findings as headline news in a discussion section, not an appraisal of all the limitations.
Page 23, line 353. Be wary of using the word significant, you have not used test of significance.
24) As AT is taught, people should improve over time and become more effective in their management of pain, this is known as self-efficacy. Self-efficacy is widely
reported and not to have some acknowledgement of the role of self-efficacy in this study is a major omission.
25) Consider that six lessons may not be enough.
26) Page 24 lines375- also include fear avoidance.
27) Page 24 Insert a heading Limitation as around here, and move the limitations to here.
28) Page 24 Line 386 Insert the heading Implications
29) Line 383. I think it is unrealistic to expect commissioning after one stud, more evidence both quantitative and qualitative is needed.
30) Suggest his small scales study provides a platform from which to launch a larger trial.
31) Tables: Table one the headings worst, least and average are meaningless, please write the full statement in according to the question
32) Include n= after entire dataset.
33) Table 4 What is symptom 1 and symptom 2? Do you mean pain and mobility or what? Patients worse symptom:? Please be more specific,
34) Table five please include percentages.

- Minor Essential Revisions
35) There are spelling mistakes and typos throughout. Please amend the script and copy edit carefully.

- Discretionary Revisions
All as described ibn each point.

Level of interest

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BMC Health Services Research has a policy of publishing all scientifically sound research whatever its level of interest. However if you choose one of the first three categories below we may ask the authors if they would like the manuscript considered instead for the more selective journal BMC Medicine.

- An article of importance in its field

Quality of written English

- Not suitable for publication unless extensively edited- as described in each point.

Quality of Figures

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I like the figures, they show the change more easily than the tables.
- Acceptable.

Statistical review
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Is it essential that this manuscript be seen by an expert statistician?

36) The statistics are acceptable but need rewording for clarity.

If you feel that the manuscript needs to be seen by a statistician but are unable to assess it yourself then please could you suggest alternative experts in your confidential comments to the editors.

- Yes and I have assessed the statistics in my report.
- Yes but I do not feel adequately qualified to assess the statistics.
- No the manuscript does not need to be seen by a statistician.

Declaration of competing interests
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No competing interests.

**Level of interest:** An article of importance in its field

**Quality of written English:** Not suitable for publication unless extensively edited

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that i have no competing interests.