

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	Understanding patient experiences of self-managing chronic dizziness: a qualitative study of booklet-based vestibular rehabilitation with or without remote support.
<b>AUTHORS</b>	Muller, Ingrid; Kirby, Sarah; Yardley, Lucy

### VERSION 1 - REVIEW

<b>REVIEWER</b>	Caitlin Grenness The University of Melbourne, Australia
<b>REVIEW RETURNED</b>	03-Feb-2015

<b>GENERAL COMMENTS</b>	<p>Thank you for the opportunity to review this manuscript on an interesting and pertinent topic. Overall, it is very well written and very interesting. The study was undertaken in a rigorous and appropriate methodology and the authors are congratulated for including a qualitative aspect to their RCT study. Please find below some general comments followed by some minor edits:</p> <ul style="list-style-type: none"><li>• I note that the analysis focusses very heavily on the 'booklet + tele-rehabilitation' and there is little differentiation between the experiences of these participants and those who had booklet alone. I understand that few differences were observed; nevertheless, perhaps some quotes that represent the non-tele-rehabilitation might be called for.</li><li>• The authors might consider taking the thematic analysis to a greater depth and look more at the latent content of the interviews. That is, a greater interpretation of how are the experiences related, or not related, what influences what etc). The authors might elaborate on the differences or lack of differences between groups, for example. This is especially relevant if the authors claim they are 'evaluating' participants' experiences with and without the telephone support.</li><li>• The analysis needs tightening somewhat so that is strongly reflects the objective, for example, the section on 'Experiences of therapy' is mostly tele + booklet quotes.</li><li>• Similarly, the conclusion (written as clinical and research implications) might be more strongly related to the analysis of both groups. Much like the results discussion, I feel that attention heavily favours the tele-rehab group, rather than exploring the experiences and possible differences between the two groups.</li><li>• Lastly, while participants' experiences of living with dizziness are very interesting, the link between the research aim and these results needs to be made more salient.</li></ul> <p>A minor edits suggested below:</p>
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	<ul style="list-style-type: none"> <li>• Intro, para 2: add “years of age” to the sentence ending in “65”</li> <li>• Intro, para 3: The word ‘typical’ is used twice in this sentence; consider replacing one of the uses.</li> <li>• Page 7, Para 3, line 46: Edit to read “...towards discussing participants’ experiences”</li> <li>• Page 12, para 3: In the sentence “Several participants mentioned that they...”, I suggest that the authors be cautious about making a sweeping statement about participants when only half of the interviewees actually received the tele-rehab service.</li> <li>• Page 14, para 4: Maintain consistency in use of plural in “emotional states, physical condition and social lives”</li> <li>• Consider reducing the use of the word ‘mentioned’ throughout the results. This word is overused and also gives the air that they didn’t place value on the concept, rather, it was a passing comment.</li> <li>• Consider re-stating the aim/research question at the start of the discussion to re-orientate the reader.</li> <li>• Reference list: Please check consistency of capitalization of journal names</li> </ul>
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<b>REVIEWER</b>	Ulrika Olsson Möller PT PhD Lund University, Sweden
<b>REVIEW RETURNED</b>	20-Feb-2015

<b>GENERAL COMMENTS</b>	Heading/Page/Line	Comments
	Introduction	
		The manuscript lacks a richer description of what it is like living with dizziness and also a description of the concept of self-management, its “pros and cons”. And preferably a more precise explanation of why this study is important.
	3/25	Add other explanations to dizziness
	4/23-5/23	Some parts may be moved to the Method section. Describe the contents in the booklet in relation to a description of self-management.

	5/8-23	Add reference
	5/31-54	The aim is unclear. Is it to understand, evaluate or explore?
	Method	
		The method section may be shortened and more stringent, and also restructured e.g. Ethics as a heading. Also add when the study was performed.
	6/6	Add No.
	6/20-32	This is a bit confusing. Where the respondents in active treatment or not? (It is clarified in page 19).
	6/42-49	Add information of e.g. duration of dizziness, diagnosis etc. and other factors that may have affected their experiences.
	8/15	How and by whom were the interviews transcribed?
	8/29-49	Add reference. Clarify schematically.
	8/46	The research team should be described
	Results	
		The problematic methodology of interviewing people receiving interventions becomes visible in this section. The similarities and differences between the groups are not clear. The findings mainly describe the respondents in the telephone support group.
	9/15-17 + Fig 2	The use of themes, primary themes, categories and sub-themes is unclear.
	Fig 2	One theme and sub-theme have the same label (Living with dizziness). The themes are at a very manifest level.
	Discussion	
		The discussion lacks a description of how their life was affected. Not only <i>if</i> the intervention was good but also <i>how</i> and <i>why</i> . What is the "essence" of the positive results of the intervention, emerging from

		the interviews?
	Strengths and limitations	
	2/44-58 18/45-19/26	This section may be described in terms of trustworthiness (credibility, dependability, transferability and confirmability)

### VERSION 1 – AUTHOR RESPONSE

Reviewer Name: Caitlin Grenness

Thank you for the opportunity to review this manuscript on an interesting and pertinent topic. Overall, it is very well written and very interesting. The study was undertaken in a rigorous and appropriate methodology and the authors are congratulated for including a qualitative aspect to their RCT study. Please find below some general comments followed by some minor edits:

- I note that the analysis focusses very heavily on the ‘booklet + tele-rehabilitation’ and there is little differentiation between the experiences of these participants and those who had booklet alone. I understand that few differences were observed; nevertheless, perhaps some quotes that represent the non-tele-rehabilitation might be called for.

#### Response

Thank you for highlighting this. We have added three additional quotes from participants in the booklet only group to the results section – two under the ‘experiences of therapy’ theme, and one under ‘therapy barriers and impact’ theme.

- The authors might consider taking the thematic analysis to a greater depth and look more at the latent content of the interviews. That is, a greater interpretation of how are the experiences related, or not related, what influences what etc). The authors might elaborate on the differences or lack of differences between groups, for example. This is especially relevant if the authors claim they are ‘evaluating’ participants’ experiences with and without the telephone support.

#### Response

We have removed the word ‘evaluating’ and replaced it with ‘understanding’ or ‘exploring’ throughout the manuscript. We have also elaborated on the group differences by expanding Figure 2 to include a summary of theme content, indicating which group the content mainly arose from.

- The analysis needs tightening somewhat so that it strongly reflects the objective, for example, the section on ‘Experiences of therapy’ is mostly tele + booklet quotes.

#### Response

We have added two additional quotes to this section to draw more attention to participants in the booklet-only group’s experiences of therapy, and also a quote to illustrate the impact of therapy from a participant in the booklet-only group. We feel that our changes to Figure 2 also helps tighten up the analysis.

- Similarly, the conclusion (written as clinical and research implications) might be more strongly related to the analysis of both groups. Much like the results discussion, I feel that attention heavily favours the tele-rehab group, rather than exploring the experiences and possible differences between the two groups.

Response

We have added the following sentence to the 'clinical and research implications' section (P21, paragraph 2 of revised manuscript) to relate it more to the booklet only group:

"Booklet-based VR has previously been found to be a cost-effective model of VR delivery, and the current findings suggest it to also be acceptable and valued by patients with chronic dizziness."

- Lastly, while participants' experiences of living with dizziness are very interesting, the link between the research aim and these results needs to be made more salient.

Response

We feel that this adds important context to understanding people's experiences of self-managing dizziness. Participants were not specifically asked about their experiences of living with dizziness, yet most participants decided to speak about it during the interview. This has now been clarified at the start of the 'living with dizziness prior to VR therapy' theme in the results section (P10, paragraph 3 of revised manuscript).

- Intro, para 2: add "years of age" to the sentence ending in "65"

Response

This has been added.

- Intro, para 3: The word 'typical' is used twice in this sentence; consider replacing one of the uses.

Response

The second use of 'typically' has been replaced with 'generally'.

- Page 7, Para 3, line 46: Edit to read "...towards discussing participants' experiences"

Response

This has been changed.

- Page 12, para 3: In the sentence "Several participants mentioned that they...", I suggest that the authors be cautious about making a sweeping statement about participants when only half of the interviewees actually received the tele-rehab service.

Response

Thank you, we have now clarified that this only refers to participants in the telephone support group.

- Page 14, para 4: Maintain consistency in use of plural in "emotional states, physical condition and social lives"

Response

This has been rephrased to be consistent.

- Consider reducing the use of the word 'mentioned' throughout the results. This word is overused and also gives the air that they didn't place value on the concept, rather, it was a passing comment.

#### Response

Most uses of 'mentioned' have been replaced by 'talked about', 'discussed', or 'described' throughout the results section.

- Consider re-stating the aim/research question at the start of the discussion to re-orientate the reader.

#### Response

The aim has been restated at the start of the discussion (P19, paragraph 1 of revised manuscript).

- Reference list: Please check consistency of capitalization of journal names

#### Response

These have been checked and corrected where needed.

Reviewer Name: Ulrika Olsson Möller

The manuscript is interesting and well-written, but has a somewhat quantitative approach. The manifest and latent parts (if included) should be clearly described. It is somewhat problematic that people with two different interventions are included. The COREQ checklist should be used.

#### Response

Thank you for your review. The COREQ checklist was used in the preparation of this manuscript and is attached here as a supplementary file. We planned to consider both manifest and latent content in the analysis, although the nature of the data was such that very little latent content emerged.

#### Introduction

The manuscript lacks a richer description of what it is like living with dizziness and also a description of the concept of self-management, its "pros and cons". And preferably a more precise explanation of why this study is important.

#### Response

There are previous papers that address what it is like living with dizziness, two of these are now referenced in the introduction [3,4]. We have further highlighted the importance of this study by referring to person-based intervention development and need for qualitative work in trials to inform implementation (P5, paragraph 2 of revised manuscript) . We do not feel that a description of self-management is necessary for this paper or BMJ Open readers, but upon reflection we have removed self-management as a keyword.

3/25 Add other explanations to dizziness

#### Response

We have included specific examples of vestibular dizziness diagnoses to the introduction (Page 3, paragraph 2 of revised manuscript). We feel that it is beyond the scope of this paper to discuss other causes of dizziness.

4/23-5/23 Some parts may be moved to the Method section. Describe the contents in the booklet in relation to a description of self-management.

#### Response

The description of telephone support has been moved to the methods section (Page 6, paragraph 2 of revised manuscript). The booklet content is only briefly described, and a reference is made to the trial paper for a detailed description of the booklet (Page 4, paragraph 2 of revised manuscript).

5/8-23 Add reference

#### Response

A reference to the main trial has been added (Page 5, paragraph 1 of revised manuscript).

5/31-54 The aim is unclear. Is it to understand, evaluate or explore?

#### Response

Thank you for highlighting this. The aim of this study is to explore and understand. The term evaluate has been removed in relation to the aims of this study (Abstract, and Page 5, paragraph 2 of revised manuscript).

#### Method

The method section may be shortened and more stringent, and also restructured e.g. Ethics as a heading. Also add when the study was performed.

#### Response

We have cut the method section to make it shorter and more stringent, and we have included the dates of when the interviews were conducted (Page 7, paragraph 2 of revised manuscript). We feel that it is unnecessary to have Ethics as a subheading as the method section only contains one sentence describing our ethics approval ("Approval for this study was granted by the National Research Ethics Service").

6/6 Add No.

#### Response

The number of interview questions has been added (Page 8, paragraph 2 of revised manuscript).

6/20-32 This is a bit confusing. Where the respondents in active treatment or not? (It is clarified in page 19).

#### Response

Interviewing took place within a couple of months of participants' completion of the trial, so

participants were not in active treatment. This is also stated in the 'participants and sampling' section of the method.

6/42-49 Add information of e.g. duration of dizziness, diagnosis etc. and other factors that may have affected their experiences.

Response

We have added information about dizziness diagnoses and symptom severity (Page 7, paragraph 1 of revised manuscript).

8/15 How and by whom were the interviews transcribed?

Response

Interviews were transcribed verbatim by an independent administrator. This information has been added to the end of the 'procedure' section in the method (Page 8, paragraph 3 of revised manuscript).

8/29-49 Add reference. Clarify schematically.

Response

A reference to carrying out thematic analysis has been added here (Page 9, paragraph 2 of revised manuscript). We believe you refer to "systematically" rather than "schematically", and we do not feel this needs clarification as it is not a technical term.

8/46 The research team should be described

Response

Researcher initials are now given here (Page 9, paragraph 2 of revised manuscript).

Results

The problematic methodology of interviewing people receiving interventions becomes visible in this section. The similarities and differences between the groups are not clear. The findings mainly describe the respondents in the telephone support group.

Response

We have added additional quotes to the results section so that the booklet only group are better represented. We have amended Figure 2 so that a summary of theme content is given alongside an indication of which treatment group this content emerged from. We believe that this clarifies group similarities and differences. The text also clearly describes which content emerged from the booklet only group, booklet with telephone support group, or both. Many of the themes emerged from both treatment groups, because both groups received a booklet.

9/15-17 + Fig 2 The use of themes, primary themes, categories and sub-themes is unclear.

Response

We apologise for the confusion here. Primary themes and categories have been removed so the results only refer to themes or sub-themes.

Fig 2 One theme and sub-theme have the same label (Living with dizziness). The themes are at a very manifest level.

**Response**

The sub-theme label has been changed to experiences of dizziness.

**Discussion**

The discussion lacks a description of how their life was affected. Not only if the intervention was good but also how and why. What is the “essence” of the positive results of the intervention, emerging from the interviews?

**Response**

The essence of the positive results was the impact it had on people’s lives – we have added more information to highlight this (Page 19, paragraph 1 of revised manuscript). We feel that the ‘how’ refers to our discussions of adherence, and the ‘why’ to our discussions of the impact of telephone support. We feel that the changes to Figure 2 further highlights and illustrate this.

**Strengths and limitations**

2/44-58; 18/45-19/26 This section may be described in terms of trustworthiness (credibility, dependability, transferability and confirmability)

**Response**

We would prefer to describe this section as strengths and limitations, as this terminology is more familiar to readers who are not qualitative researchers.

**VERSION 2 – REVIEW**

<b>REVIEWER</b>	Caitlin Grenness The University of Melbourne, Australia
<b>REVIEW RETURNED</b>	17-Apr-2015

<b>GENERAL COMMENTS</b>	<p>General comments;</p> <ul style="list-style-type: none"> <li>- Check the consistency of the term “telephone support”. In some instances you say “expert telephone support” versus just “telephone support”</li> <li>- Check consistency of use of term “dizziness vs vestibular” – be clear if this distinction is important to the reader.</li> </ul> <p><b>Introduction</b></p> <p>Para 1, line 1: consider re-writing to read “chronic dizziness is a commonly experienced symptom”</p> <p>Para 2: the second sentence repeats the content of the first sentence.</p> <p>Line 36: re-write to read “the majority of patients experiencing dizziness symptoms have a peripheral vestibular disorder...”</p> <p>Line 41: replace “and” following vestibular neuronitis with “or”</p>
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	<p>replace “, and” after (Meniere’s disease) with “whereas”.</p> <p>Line 46: remove the word “very” in “is very rare”</p> <p>Page 4, para 1: re-write sentence to read “...with chronic dizziness have unmet healthcare needs.”</p> <p>Line 19: remove “very” after “However..”</p> <p>Para 3: check for double spaces in the first line.</p> <p><b>Page 5</b>, line 10: Exchange “treatment groups” with “treatment options”. It was the option that was effective, not the group.</p> <p>Para 2, line 21: re-write sentence to read: “In recent years there has been an increasing focus...”</p> <p><b>Page 6</b>, para 1, line 6: Exchange “and” following “(15 minute sessions)” with “that”</p> <p>Line 14: insert “on” to read “agreed on goals”</p> <p>Para 3: Consider whether the first two sentences need to also be discussed in the discussion?</p> <p><b>Page 7</b>, para 1, line 5: check capitalization of “Fifteen Participants”</p> <p>Line 14: 10 = Ten</p> <p>Line 14: re-write to “Participants had high...”</p> <p>This section made me realize that there was no discussion of participant’s level of hearing loss? Was this measured (given peripheral vestib)? Where these people in the telephone support group?</p> <p><b>Page 9</b>, line 3 replace ‘6’ with ‘six’</p> <p><b>Results</b> para 1, 3 → three</p> <p>Line 49, delete repeated full stop</p> <p>Line 49, please check sentence reading “despite two populations being interviewed...” this no longer makes sense.</p> <p><b>Page 11</b>, a quote is needed to illustrate the point referred to in para starting line 45.</p> <p>Throughout the results, it would be beneficial to use the headings of the image to structure the ways results are described in the text. Integrate the figure more into text.</p> <p>Also, throughout quotes there are a number of examples where the quotes to be edited for relevance, ie.</p> <p><b>Page 17</b>, quote 1: “... to know that there are” and cut end at “around me that suffers from this.”</p> <p><b>Page 15</b>, analysis under ‘Therapy barriers and impact’ sound like heading should include the word ‘outcomes’</p> <p>Para3, line 43: clarify what is meant by ‘changes’</p> <p><b>Page 17</b>, 3<sup>rd</sup> para, how is this different to what is discussed in theme ‘experiences of therapy?’</p> <p>Page 18, edit first quote, while it’s a great quote, it makes the point multiple times.</p> <p><b>Discussion</b></p> <p>Para 2, line 42: insert ‘d’ to “Participants describe”</p>
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	<p>Page 20, para 1, line 17: remove ‘the’ from “reflect the participants’ experiences” or move the apostrophe.</p> <p><b>References</b></p> <p>There are still a number of inconsistencies in the ref list regarding use of capitalization including following colons, and abbreviated titles.</p>
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<b>REVIEWER</b>	Ulrika Olsson Möller Lund University, Sweden
<b>REVIEW RETURNED</b>	06-Apr-2015

<b>GENERAL COMMENTS</b>	<p>Thank you for taking the comments in consideration in this very interesting and important study. Please find only a few comments below:</p> <p><b>ABSTRACT/Participants:</b> Please add age and gender.</p> <p><b>Background:</b> Since data from this study emerged from an RCT, you may mainly describe the RCT in the Background section. What was included in the RCT (e.g. booklet + telephone support) may be described briefly under this section OR under a sub-heading in the Method section.</p> <p><b>Background:</b> If the authors choose to add the last sentence in the aim (“...and their acceptability for implementation”) this should be elaborated in the Discussion section.</p> <p><b>Method:</b> Define chronic</p> <p><b>Qualitative Analysis:</b> Please add maxQDA.</p> <p><b>Results:</b> P.10 Line 5. Please change the nr of subthemes.</p> <p><b>Results:</b> The first and last main themes are very well described, but “Experiences of therapy” might still need to be tightened to reflect the objective.</p> <p><b>Discussion:</b> The authors might find it interesting to discuss that the telephone support made it possible to tailor and individualize the intervention, maybe explaining the differences, e.g. adherence, between the groups.</p>
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### VERSION 2 – AUTHOR RESPONSE

Reviewer Name: Ulrika Olsson Möller

- **ABSTRACT/Participants:** Please add age and gender.

Response

Age and gender has been added to the participants section of the abstract. It now says “Interviews were carried out with 33 people (10 men and 23 women, aged 27 to 84) self-managing chronic dizziness using booklet based vestibular rehabilitation with or without expert telephone support.”

- **Background:** Since data from this study emerged from an RCT, you may mainly describe the RCT in the Background section. What was included in the RCT (e.g. booklet + telephone support) may be described briefly under this section OR under a sub-heading in the Method section.

Response

The RCT and treatment arms are described under the “study context” subheading of this section and the main trial paper is cited throughout. Details of the VR booklet are also given in this section as it has been used in past trials. More details of the telephone support are given in the method section

under the subheading “telephone support”.

- Background: If the authors choose to add the last sentence in the aim (“...and their acceptability for implementation”) this should be elaborated in the Discussion section.

Response

The words “...and their acceptability for implementation” has been deleted from the end of the introduction.

- Method: Define chronic

Response

We do not currently use the word ‘chronic’ in the methods section, and we feel that BMJ readers will be very familiar with the term in general. It may, however, be useful to define specifically how we defined chronic dizziness for this study.

The VR trial considered people with more than one episode of dizziness in the past 12 months to suffer from chronic dizziness. We have given more detail to explain this in the method section. The following sentence has been added under the subheading ‘participants and sampling’: “Participants were invited to take part in the trial if they had a diagnosis or treatment for dizziness in the past 12 months. Eligibility of potential participants was assessed at baseline to ensure participants were currently experiencing dizziness symptoms.”

- Qualitative Analysis: Please add maxQDA.

Response

This has been added to the second paragraph of this section.

- Results: P.10 Line 5. Please change the nr of subthemes.

Response

This has been changed.

- Results: The first and last main themes are very well described, but “Experiences of therapy” might still need to be tightened to reflect the objective.

Response

Subheadings have been added to correspond to the depiction of themes in Figure 2. We feel that breaking this theme into ‘experience using booklet’, ‘experience of VR exercises’ and ‘experience of telephone support’ has helped tighten up this theme to reflect the objective.

- Discussion: The authors might find it interesting to discuss that the telephone support made it possible to tailor and individualize the intervention, maybe explaining the differences, e.g. adherence, between the groups.

Response

The VR booklet also gives participants ways of tailoring the exercises to their particular needs, although the telephone support certainly enhanced the individual tailoring. The following sentence has been added to the discussion section: “Telephone support enhanced tailoring the VR therapy to the individual”.

Reviewer Name: Caitlin Grenness

General comments

- Check the consistency of the term “telephone support”. In some instances you say “expert telephone support” versus just “telephone support”

Response

We have left the word “expert” in the abstract to highlight that the telephone support was delivered by health professionals, but we have removed the word ‘expert’ elsewhere throughout the manuscript.

- Check consistency of use of term “dizziness vs vestibular” – be clear if this distinction is important to the reader.

Response

‘Vestibular’ is mainly used in relation to vestibular rehabilitation and background information about vestibular disorder in the introduction section and we do not think that further distinction is necessary here. The only other time ‘vestibular’ is used is in the method section to highlight that we excluded participants with non-vestibular dizziness.

Introduction

- Para 1, line 1: consider re-writing to read “chronic dizziness is a commonly experienced symptom”

Response

This has been re-written as suggested.

- Para 2: the second sentence repeats the content of the first sentence.

Response

The second sentence has been removed.

- Line 36: re-write to read “the majority of patients experiencing dizziness symptoms have a peripheral vestibular disorder...”

Response

This has been re-written as suggested.

- Line 41: replace “and” following vestibular neuronitis with “or” replace “, and” after (Meniere’s disease) with “whereas”.

Response

We have not made these changes as it would alter the meaning. We use the word ‘including’ to indicate that peripheral vestibular disorder includes BPPV, vestibular neuritis and Ménière’s disease.

- Line 46: remove the word “very” in “is very rare”

Response

‘Very’ has been removed as suggested.

- Page 4, para 1: re-write sentence to read “...with chronic dizziness have unmet healthcare needs.”

Response

This has been re-written as suggested.

- Line 19: remove “very” after “However..”

Response

‘Very’ has been removed as suggested.

- Para 3: check for double spaces in the first line.

Response

This has been corrected.

- Page 5, line 10: Exchange “treatment groups” with “treatment options”. It was the option that was effective, not the group.

Response

‘Treatment groups’ has been changed to ‘treatment models’.

- Para 2, line 21: re-write sentence to read: “In recent years there has been an increasing focus...”

Response

This has been re-written as suggested.

- Page 6, para 1, line 6: Exchange “and” following “(15 minute sessions)” with “that”

Response

This has been re-written as suggested.

- Line 14: insert “on” to read “agreed on goals”

Response

This has been re-written as suggested.

- Para 3: Consider whether the first two sentences need to also be discussed in the discussion?

Response

The sampling methodology is discussed in the ‘strengths and limitations’ section of the discussion.

- Page 7, para 1, line 5: check capitalization of “Fifteen Participants”

Response

This has been corrected.

- Line 14: 10 = Ten

Response

This has been corrected.

- Line 14: re-write to “Participants had high...”

Response

This has been re-written as suggested.

- This section made me realize that there was no discussion of participant’s level of hearing loss? Was this measured (given peripheral vestib)? Where these people in the telephone support group?

Response

Participants’ hearing loss was not assessed, but it is possible that people with hearing loss may have opted out of receiving telephone support. The issue of a self-selected and potentially unrepresentative sample is discussed in the ‘strengths and limitations’ section of the discussion.

- Page 9, line 3 replace ‘6’ with ‘six’

Response

This has been re-written as suggested.

## Results

- para 1, 3 \_ three

## Response

This has been changed as suggested.

- Line 49, delete repeated full stop

## Response

This has been corrected.

- Line 49, please check sentence reading “despite two populations being interviewed...” this no longer makes sense.

## Response

This part of the sentence has been removed and it now reads: “The majority of the themes and sub-themes arose from both groups (booklet only and booklet with telephone support), albeit in different contexts.”

- Page 11, a quote is needed to illustrate the point referred to in para starting line 45.

## Response

The following quote has been added to illustrate this point:

“When I went to the hospital... I'd felt a little bit, oh well that's it, you know, this is what's wrong and you're going to have to live with it, sort of thing, which is not a very caring feeling.” ( 14, female, B+TS)

- Throughout the results, it would be beneficial to use the headings of the image to structure the ways results are described in the text. Integrate the figure more into text.

## Response

Subheadings corresponding to Figure 2 have been added throughout the results to integrate the figure more into the text.

Also, throughout quotes there are a number of examples where the quotes to be edited for relevance, ie.

- Page 17, quote 1: “... to know that there are” and cut end at “around me that suffers from this.”

## Response

This has been edited as suggested.

- Page 15, analysis under ‘Therapy barriers and impact’ sound like heading should include the word ‘outcomes’  
Para3, line 43: clarify what is meant by ‘changes’

## Response

The heading has not been changed as we specifically refer to the barriers of therapy and the impact of therapy rather than specific outcomes.

‘Changes’ are defined in the next line of the text as the physical, emotional and social changes participants experienced.

- Page 17, 3rd para, how is this different to what is discussed in theme 'experiences of therapy?'

#### Response

Feeling supported by family and friends was discussed as a consequence of having the therapy and is therefore included in the 'therapy barriers and impact' section as it does not relate to how participants experienced the therapy directly.

- Page 18, edit first quote, while it's a great quote, it makes the point multiple times.

#### Response

This quote has been edited to be more concise. We are reluctant to cut it any further as some of the meaning may be lost.

#### Discussion

- Para 2, line 42: insert 'd' to "Participants describe"

#### Response

This has been corrected as suggested.

- Page 20, para 1, line 17: remove 'the' from "reflect the participants' experiences" or move the apostrophe.

#### Response

This has been changed as suggested.

#### References

- There are still a number of inconsistencies in the ref list regarding use of capitalization including following colons, and abbreviated titles.

#### Response

References have been checked and edited in line with BMJ Open requirements.