




The Effectiveness of Mindfulness-Based Cognitive Therapy on Quality of Life and Resilience in Women with Chronic Pain

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1. Round 1

1.1. Reviewer 1

Reviewer:

The paper mentions the use of simple random sampling for participant selection. Clarify the specific randomization technique used and provide details on how participants were randomly assigned to groups to enhance the reproducibility of the study.

It is noted that the control group did not receive any intervention. For a stronger experimental design, consider implementing a placebo-controlled setup where the control group receives an alternative form of non-mindfulness therapy to truly gauge the effect of mindfulness.

The study could be strengthened by incorporating blinding methods. Detail whether participants, administrators, or data analysts were blinded to the group assignments, which could help minimize bias in the reported outcomes.

Expand on the statistical methods by providing assumptions checked for each test and specifics on any post hoc analyses conducted. This will help in understanding the robustness of the statistical conclusions.

The use of the Quality of Life Questionnaire and the Connor-Davidson Resilience Scale is well noted. Please ensure that the version of these tools and any modifications made for the study are clearly described. Discuss the reason for choosing these specific tools over others.

Include a power analysis or sample size calculation to justify the number of participants and to ensure that the study was adequately powered to detect a meaningful effect.

Provide details on how missing data were handled in the analysis. Were there any dropouts or data imputation methods used? This information is crucial for validating the study results.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

Provide a more detailed comparison of baseline characteristics between the experimental and control groups. This should include not just demographic data but also baseline measures of quality of life and resilience.

The manuscript would benefit from a more detailed analysis of the follow-up data. Discuss the stability of the treatment effect over time and any factors that might influence long-term outcomes.

While the manuscript reports statistical significance, reporting effect sizes for the primary outcomes would provide a clearer understanding of the magnitude of the intervention's impact.

Consider conducting subgroup analyses to explore whether certain groups (e.g., based on age, severity of pain, psychological baseline status) benefit more or less from the intervention.

Strengthen the discussion by comparing the results more comprehensively with existing literature, particularly other studies utilizing mindfulness-based therapies for chronic pain.

Expand the limitations section to address potential biases or confounders that could have influenced the results, such as the lack of double-blinding or the potential placebo effect.

Response: Revised and uploaded the manuscript.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.