

Developing and Compiling a Mindfulness-Based Stress Reduction Program and Evaluating its Effectiveness on Relieving Chronic Pain in the Elderly: A Case Series

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E d i t o r	R e v i e w e r s
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1. Round 1

1.1. Reviewer 1

Reviewer:

In the Introduction, the sentence “It is believed that, the world’s geriatric population will be increased from 9% to 16% by 2030, and in Iran, 17.5% of the population will be older than 65” needs revision for grammar, demographic precision, and citation accuracy. The phrase “will be increased” should be corrected to “is projected to increase,” and the age category should be checked because many demographic sources define older adults as ≥ 60 or ≥ 65 depending on context. The authors should also clarify whether the Iran estimate refers to 2030, another projection year, or the current population structure.

In the Introduction, the paragraph beginning “Chronic pain affects older adults’ psychological and social aspects” would benefit from a clearer conceptual bridge between chronic pain, psychological distress, physiotherapy, and MBSR. At present, the rationale moves quickly from chronic pain prevalence to biopsychosocial care, but the manuscript should explain why mindfulness is theoretically suited to chronic pain in older adults specifically. The authors should add a concise mechanistic explanation involving attentional regulation, pain acceptance, reduced catastrophizing, emotion regulation, autonomic downregulation, and decreased avoidance behavior.

In the Participants section, the sentence “Two older adults receiving physiotherapy care at a clinic in Mashhad, 2023, volunteered after the research advertisement...” needs additional recruitment detail. The authors should specify where the advertisement was placed, how many individuals expressed interest, how many were screened, how many were excluded, and whether these two participants represent consecutive eligible volunteers. Even in a small case series, transparent recruitment reporting is necessary to evaluate selection bias and feasibility.

The inclusion criteria sentence contains several technical and editorial problems: “included aged 65 years or older, , having chronic musculoskeletal pain... and signing the written inform constant form.” This should be corrected to “informed consent form,” and the duplicate comma should be removed. Scientifically, the authors should justify the chronic pain definition “≥45 days out of the past 90 days” and explain whether pain duration also met the standard criterion of pain lasting longer than three months, since chronic pain is usually defined temporally.

Authors revised and uploaded the document.

1.2. Reviewer 2

Reviewer:

The sentence “In Iran, elderlies with chronic pain access medical services to ease their pain...” requires both linguistic and scientific refinement. The term “elderlies” is not standard academic usage; “older adults” or “older people” should be used consistently throughout the manuscript. The authors should also clarify whether the claim concerns primary care, specialist care, physiotherapy clinics, or pain clinics, because “medical services” is broad and the service pathway has direct relevance to the feasibility of integrating MBSR with physiotherapy.

In the Introduction, the sentence “Although the somatic approach is popular, it ignores the idea of mind and body in perceiving illness” is too categorical and may misrepresent contemporary physiotherapy. Many physiotherapy models now explicitly incorporate biopsychosocial, behavioral, and psychologically informed approaches. The authors should soften this claim and distinguish between traditionally biomedical physiotherapy models and contemporary psychologically informed physiotherapy practice. This will make the argument more balanced and less vulnerable to critique from rehabilitation scholars.

In the paragraph summarizing previous MBSR evidence, the sentence “some studies have demonstrated the positive effects of MBSR on pain intensity, medical and psychological symptoms, coping ability, and daily activity inhibition (19), (on daily functioning and pain (20), pain severity knee or hip osteoarthritis (21), and tension headache (22)” contains a citation and syntax error. The parenthetical phrase “(on daily functioning and pain...” appears incomplete and should be rewritten. The authors should restructure this sentence into separate clauses specifying condition, design, and outcome, because the current form is difficult to follow and weakens the scholarly credibility of the literature review.

In the Objectives section, Aim “1(a). Developing and compiling an MBSR program to be added to a physiotherapy rehabilitation...” should be revised for methodological clarity. “Developing and compiling” is vague unless the manuscript explains whether this was translation, cultural adaptation, protocol modification, expert validation, feasibility testing, or intervention development. The authors should specify the development framework used, such as translation/back-translation, expert panel review, cultural adaptation, pilot testing, or patient feedback. Without this, the first objective appears descriptive but not methodologically anchored.

The objective “Exploring the acceptability of the Patient Global Assessment of Treatment Satisfaction (PGATS) scale...” appears conceptually confused. The manuscript seems to assess acceptability of the intervention using PGATS, not acceptability of the PGATS scale itself. The authors should revise this objective to state whether they are evaluating intervention acceptability, feasibility of outcome measurement, or psychometric acceptability of PGATS. If PGATS acceptability is a true aim, then the manuscript must report participant comprehension, missing data, completion burden, and qualitative feedback on the scale.

In the Design Overview, the sentence “The study participants were received eight MBSR training sessions...” requires grammatical correction, but more importantly, this section should explicitly define the case-series design. The authors should

state whether this is a prospective case series, uncontrolled feasibility case series, or clinical case report series. They should also describe why a case-series design was chosen, what feasibility outcomes were prioritized, and whether any reporting guideline such as CARE or a case-series reporting checklist was followed.

Authors revised and uploaded the document.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.