Letter to the Editor

Mindfulness-based therapies for patients living HIV/AIDS

Dear Editor,

We read with great interest the systematic review and meta-analysis published by Yang et al. [1], assessing the impact of various mindfulness-based therapies (MBTs), including mindfulness stress reduction (MBSR) and mindfulness-based cognitive therapy (MBCT), on patients with HIV/AIDS [1]. While we congratulate the authors for investigating this important topic, several issues pertaining to this study require further discussion. First, the authors pre-selected the randomized controlled trials (RCTs) and quasi-experimental trials which were used to compare the effectiveness of MBTs with other types of control interventions used in studies that did not have an MBT cohort. The use of data obtained from studies with different protocol designs contradicts the core principle of a quantitative systematic review or meta-analysis, as such studies should only be used to analyze pooled data obtained from studies with similar designs [2].

Second, in their subsection entitled “Study Selection,” the authors stated: “Next, the full-texts of manuscripts were checked to determine if they described trials that should be included in this systematic review”. However, the term “manuscript” is only appropriate when referring to unpublished literature, whereas published literature should be referred to as an “article” or “paper”.

Third, the authors selected the Cochrane’s Risk of Bias tool to assess the methodology used in each included study; however, only six domains of the tool were appraised, and the domain “other sources of bias” was not assessed. The authors should have assessed all sources of bias that might have affected results of the eligible studies, to guarantee the robustness of the pooled results [3].

Fourth, in their subsection entitled “Data Analysis and Synthesis,” the authors stated that the standardized mean difference (SMD) with a 95% confidence interval (CI) was calculated as a measure of continuous data. However, the SMD is primarily used to assess outcomes that are measured using somewhat or substantially different types of scales. Therefore, some outcomes mentioned in the article, such as quality of life (QoL), should have been assessed using the mean difference (MD) rather than the SMD. Moreover, although the authors acknowledged the statistical heterogeneity of their data, they failed to mention the method used to select their meta-analysis model. Most importantly, the Cochrane Collaboration recommends that authors who perform a systematic review and meta-analysis use the Cochrane Q approach to test for statistical heterogeneity in their data, and the $I^2$ statistic to quantify the magnitude of statistical heterogeneity [4].

Fifth, in their subsection entitled “Study Quality”, the authors stated: “We used the Cochrane risk of bias tool to assess the methodological quality of five randomized controlled trials”. However, the information conveyed by this sentence is inconsistent with that presented in the subsection entitled “Study Characteristics”, and in Figure 2, where the authors listed the six eligible RCTs and one quasi-experimental trial included in their meta-analysis. Most importantly, the authors selected the Cochrane Risk of Bias tool to assess the methodology of non-RCTs performed by Robinson et al. (2003) [5], while the risk of bias in the RCT conducted by Weston et al. (2012) [6] was not appraised. Additionally, some outcome names in the figures shown in the article differed from information provided in the captions.

Lastly, while the authors reported the level of evidence in each study, after reading the full version, the method used to rate the level of evidence [e.g. Oxford Level of Evidence or the Grading for Recommendation, Assessment, Development, and Evaluation (GRADE) system] was not mentioned in the article. Although the authors selected the Cochrane Risk of Bias tool to assess the methodology used in an original study, it would have been appropriate to change the original statements to read “Overall quality of methodology”, and “the overall quality of methodology of all eligible studies was low”, respectively [4].

Sincerely,

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Conflict of interest

All authors have read the whole manuscript and approve the authorship and current version to be considered for publication in International Journal of Nursing Sciences (IJNSS).
The authors declare having no conflicts of interest regarding this letter.

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