Reviewer's report

Title: Is chronic pelvic pain a comfortable diagnosis for primary care practitioners: a qualitative study

Version: 1 Date: 13 August 2009

Reviewer: Mark Harris

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Is chronic pelvic pain a comfortable diagnosis for primary care practitioners: a qualitative study.

This is an interesting qualitative study involving 21 GPs and 20 practice nurses (PNs) from NW England about an important and under-researched area of general practice. The methodology is generally appropriate. There are some important findings and implications for further development and research especially in terms of the training needs of primary care providers and self management support for patients.

Major Compulsory Revisions:
In the Methods the “framework” or list of deductive categories used to code the data should be provided as a table or appendix and what these were derived from. Was any method used for validating the coding – eg cross coding of data by more than one person and/or providing summary feedback to the participants for them to verify or comment on?

Minor Essential Revisions
There are a few areas that could be improved:-

a. In the Background there is insufficient discussion about what CPP is and what conditions it needs to be differentiated from. Reference 3 is about the use of laparoscopy as a diagnostic tool rather than primarily about what the condition is and what other conditions cause similar signs and symptoms. There are a number of other references that could provide more detail about the range of conditions that can cause chronic pelvic pain especially endometriosis [1,2,3].

b. It would be useful to have more analysis and discussion of the differing roles of the providers (GPs, PNs and other health professionals). It appears that the diagnostic uncertainty had implications for the role of PNs who felt that diagnosis was outside their capacity or responsibility.

c. A major issue is the management of uncertainty and it would be useful to have more discussion of this and reference to other studies relating the management of chronic pain in the context of diagnostic uncertainty [4,5,6].

References

1. Zondervan KT. Yudkin PL. Vessey MP. Dawes MG. Barlow DH. Kennedy SH.


Discretionary Revisions

There could also be more discussion of the role of patients and reference to the literature on shared decision making in relation to patients with chronic illness. This has important implications for training of providers.

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

**Quality of written English:** Acceptable

**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.