Reviewer's report

Title: Experiences of patients identifying with chronic Lyme disease in the healthcare system: A qualitative study

Version: 1 Date: 25 February 2014

Reviewer: Megan Arroll

Reviewer's report:

This is a very well-written, interesting and valuable article that adds to the limited literature on CLD; therefore I commend the authors for their efforts. However, to publish this piece I recommend the following amendments:

Major Compulsory Revisions

1. Paragraph 3 of the introduction begins to discuss the differences between professionals' beliefs of CLD but fails to evaluate what these differences may mean to individuals with the condition. Please conclude this discussion.

2. Please compare the present sample to the CLD population in terms of demographics.

3. Even though the analysis is termed as 'descriptive' there is scope for further interpretation of the data. For instance in theme 1, the quote from Participant 11 seems to be talking about his sense of identity, i.e. not as a 25 year old anymore but of someone much older. What is this telling us about the impact CLD has had on him?

3. Similarly, many of the quotes appear related to illness representations (see Leventhal), specifically 'timeline' and 'consequences', 'control/cure' and 'cause'. Please look at this large body of work and integrate this theory into the article. This theoretical basis will strengthen the piece immensely.

4. There is also an extension literature on the delegitimization of people with medically unexplained syndromes; inclusion of this would also improve the interpretation of the data.

5. In the 'perceptions of physician engagement and therapeutic options' theme it would be interesting to know if the participants reported seeing CAM practitioners because of negative interactions with orthodox healthcare providers.

6. In the discussion it is stated that the participants experienced both positive and negative interactions with traditional healthcare providers but only mentions that the participants used CAM, not whether these sessions were advantageous or detrimental. Later in the discussion there is mention of some of the harms of CAM therapies - were these found in the interviews also?

7. Throughout it would be interesting to know if there were any differences between those with a confirmed diagnosis of CLD and those who were self-diagnosed.
Minor Essential Revisions
1. In the abstract state the proportion of men/women, the type of interview (semi-structured) and the average interview length.
2. In the results section of the abstract the theme names should be stated in line with the wording in the main body of the paper. Also, please clarify which descriptions belong to which themes for consistency and readability.
3. The first sentence in the results section of the abstract can be omitted.

Discretionary Revisions
1. Table 1 is rather quantitative in its presentation. It would be more useful to include a table with the (relevant) characteristics of each participant listed so that the reader can understand his/her context. For instance, the final quote states "Right now I have the toxicity level of a healthy 65 year old" but this is somewhat meaningless if we do not know how old this participant is.

Level of interest: An article whose findings are important to those with closely related research interests

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