Reviewer's report

Title: Primary care providers' perspective on prescribing opioids to older adults with chronic non-cancer pain: A qualitative study

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Reviewer: Jaime Williams

Reviewer's report:

This is an interesting qualitative study on an important topic. The strength of the research lies in its ability to compare the results, which are specific to older adults to that of previous qualitative studies involving prescribing opioids to younger adults with chronic pain. The authors address this comparison somewhat in their Discussion, but it is my primary recommendation that it be addressed more fully throughout the Results Section, Tables 2 and 3, as well as expanded upon in the Discussion Section. The analytic technique as it is described is unclear in its relationship to Grounded Theory and clarification is recommended.

Major Compulsory Revisions:

Method:

Participants: Clarify whether the patient population of interest is older adults residing independently in the community, assisted living, or those residing in long-term care? Did physicians and nurse practitioners provide care to all populations? Clarify in text and Table 1.

Analysis:

It is unclear how the methodology is consistent with grounded theory. It seems to be more consistent with qualitative content analysis or perhaps thematic analysis. More information about the analytic procedures may help clarify this. It is recommended that the authors describe how their analytic approach is consistent with grounded theory.

More information in general would be helpful in describing the analysis. How did the authors code the data? What was the basic unit of analyses (e.g., did the authors code according to large passages of text or very small units of text?). It would be helpful to including whether the authors provided an index of trustworthiness or inter-coder agreement when categorizing their text into the themes in NVIVO.

Discussion:

The authors describe a number of themes that were used from previous literature as well as “newly identified themes”. It is presumable that the latter are unique among this population and this sample. It would be helpful if the authors
identified which themes had been previously described and which ones were new in the Results section and the tables. Are the new themes under “Other Themes” in the Results section? The authors discuss some of the unique themes in their Discussion Section but it is unclear to me whether these were all of the unique themes or not. Mentioning in the results would clarify. In addition, the authors could expand on their discussion of themes unique to older adults summarizing the similarities and differences between older adults and younger adults.

Tables:

Tables 2 and 3 – include percentages of participants mentioning themes as well as N’s
Tables 2 and 3 – indicate which themes have been found previously and which have not

Minor Essential Revisions:

Abstract:
Describe analytic technique rather than state “standard qualitative methods”

Discussion:
On pages 13-14, clarify whether the study referred to below was specific to older adults:

“Indeed, a recent observational study [3] reported that older individuals prescribed opioids had increased risk of fracture, hospitalizations, and all-cause mortality compared to those prescribed non-selective non-steroidal-anti-inflammatory drugs or coxibs. “

Discretionary Revisions:

Method:
Clarify composition of Focus groups: What was the composition of the six focus groups in terms of homogeneity in years of experience, primary population treated (i.e., community vs. long-term care), age, gender? Did the authors try to have homogeneity among their focus group participants or did participants attend a group when it was convenient?

Discussion:

The authors mention that the clinics provide care to Latino and non-Latino white patients and predominately female patients. Is it known what the patient population is with respect to ration of Latino to white and female to male? It may be helpful in the Discussion section to provide a more thorough discussion of cultural and gender factors in opioid use for chronic pain management.

Table 1 – include percentage of patients who reside in community, assisted living, and long-term care
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