Reviewer's report

Title: Pain in elderly people with severe dementia: A systematic review of behavioural pain assessment tools.

Version: 2 Date: 17 November 2005

Reviewer: Kenneth Craig

Reviewer's report:

General: This is an excellent revision, with the authors attentive to recommendations, with minor exceptions that I will address under Discretionary Revisions. It will be a service to all to have this systematic review available. A careful copy-editing is needed for minor typing/grammatical issues.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

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Discretionary Revisions (which the author can choose to ignore)

1. On p. 4, a fair amount of detail is provided on the MMSE, yet the detail does not seem relevant to later discussions. It might be better to suggest that that MMSE has limitations as it only provides rather broad information on neuropsychological functioning and lacks the refined detail needed to relate specific conditions to features of pain.

2. The word "reliable" is used several times, e.g., on p. 6, in a nontechnical manner that seems out of keeping with a paper pressing for better psychometric consideration of these scales. I suspect the intent is to refer to validity rather than reliability. Would suggest rewording.

3. On p. 6, the role of self-report scales is described as allowing communication of "the pain sensation experienced". It seems an error to limit characterization of pain experience to pain sensation, as the phenomenology includes thoughts and feelings. The notion of pain sensation is too restrictive.

4. I appreciate the effort to qualify the term "gold standard", but I would go further and be explicit about whether this term has applicability to the use of self-report with the elderly, given the documentation in this paper on the severe limitations of self-report.

5. Some attempt is made to mention the non-specificity of measures of pain or items in various scales, but I would suggest this might be something that could be dealt with in a paragraph in the Discussion. This is the component of my earlier review that was not fully dealt with. It occurs that some items on some scales could be addressed as "suggestive"; perhaps those that are sensitive to pain, but non-specific fall in this category. In contrast those that are both sensitive and specific would be "highly probable". That might provide a basis for further refinement of scales.

6. The four scales of the PACSLAC should be identified.

7. Why no acronym for the pain assessment scale for cognitively impaired adults? (p. 22).

What next?: Accept after discretionary revisions
Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:
I declare that I have no competing interest.