Reviewer's report

Title: Pre-dialysis patients' labor participation, perceived autonomy and self-esteem: Associations with illness perceptions and treatment perceptions. A cross-sectional study

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Reviewer: Istvan Mucsi

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Pre-dialysis patients’ labor participation, perceived autonomy and self-esteem: Associations with illness perceptions and treatment perceptions. A cross-sectional study

Using a relatively small, convenience dataset this paper aims to answer three questions:
1) To what extent do pre-dialysis patients experience autonomy, and state self-esteem, and to what degree do these patients participate in the work domain?
2) Which perceptions do pre-dialysis patients have about their illness and treatment?
3) To what extent are illness perceptions and treatment perceptions of pre-dialysis patients related to perceived autonomy, state self-esteem and labor participation?

Overall the paper is well written, although the style is somewhat different from the usual nephrology literature. The topic is interesting and important.
I would, however, suggest several changes and I would ask the authors to attend to some of the concerns listed below.

Major Compulsory Revisions

1. I believe the overall aims of this manuscript are a bit too ambitious given the limited data. I suggest to leave out analysis related to paid work since the dataset is not designed to answer that specific question. The number of individuals between 18-60 yrs old is very small, the analysis lacks power. The data are very limited and the conclusions drawn in this regard from the very limited analysis seem a bit far fetched. The question raised, is important but a study carefully designed to specifically answer that question needs to be performed.

2. Question 2. is very general, very difficult to interpret. Furthermore, the general nephrology readership may not be familiar with the common sense model therefore this aspect need a more thorough description and interpretation. What do the individual illness perception dimensions exactly mean? What do authors
consider “positive” or “realistic” perceptions in the context of the particular tool? More information to compare illness perception data obtained in this survey to data obtained in other patient populations, perhaps in patients with CKD should be provided.

3. In general, use specific quantitative terms when describing the results. Leave the interpretation of the numerical results for the Discussion. Try to avoid non-specific description of the results (e.g. “The average autonomy levels were not very high, but the average level of self-esteem was rather high”). Put this in context instead.

4. Using on or a few questions taken from a validated scale (health related autonomy) is unusual and need justification. It seems also somewhat difficult to interpret what the two questions used to assess “global autonomy” may mean. Since these are not validated tools, their analysis seems to be of limited value.

5. Has the Brief Illness Perception Questionnaire been validated in Dutch? How was it translated and validated?

6. Why were the given comorbid conditions selected for this analysis? Were additional information not available about e.g. amputation, COPD, malignancy?

7. What was the proportion of missing values?

8. How were the regression models constructed? What is the rationale to include all the variables authors had? The number of variables seem to many given the relatively small sample. Have you checked for collinearity?
I suggest to formulate specific hypothesis you want to test with the multivariable model and include only relevant variables.

9. Have you used corrections for the multiple comparisons?

10. In the discussion state your main findings instead of repeating the research questions. please, refrain from general statements like: “Moreover, the average reported levels of perceived autonomy are not very high, which implicates that patients feel less autonomous because of their health condition or otherwise”.

11. How to interpret the finding that health related autonomy is unrelated to illness perceptions? Would this not raise concerns about the validity of the instruments used?

12. An association was found between illness perceptions versus self-esteem and autonomy. These associations need to be interpreted very cautiously since the association may be explained by common underlying factors rather than direct interaction. These complex relationships may need a bit more detailed discussion.

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**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'