Author's response to reviews

Title: Towards a definition of refractory neuropathic pain for epidemiological research. An international Delphi survey of experts.

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Author's response to reviews: see over
Mr Arnold Bongcayao,

**MS: 2621855735605419** Towards a definition of refractory neuropathic pain for epidemiological research. An international Delphi survey of experts.

Thank you for allowing us the opportunity to respond to the reviewers’ comments to this paper. We are pleased to submit a revised version of our paper, and hope that you will find these changes satisfactory.

Our response to the specific comments and suggestions, and an indication of changes made to the manuscript in relation to these, are listed below. All changes in the manuscript are underlined.

**Reviewer #1:**

1. **“The authors should state the countries that all the experts are from and how many from each....”**

   In the Methods section (page 5), we describe how we identified the neuropathic pain experts/ Delphi participants.

   “*Internationally recognised experts on neuropathic pain research were identified. These included authors of important published epidemiological and clinical studies, and members of the Committee of the Neuropathic Pain Special Interest Group (NeuP SIG) of the International Association for the Study of Pain, who developed guidelines on the assessment of neuropathic pain [28]. “*

   We believe that the identification of the individual countries where the participants are from, could, in some cases, compromise their confidentiality. Many of the experts were identified through the NeuP SIG assessment committee, and in order to maintain the anonymity of the expert participants, we have not specified the number and actual countries of the participants. However, we have now added some more detail, as suggested by the reviewer, and hope that this additional information is sufficient. See the Results section, page 8, where we have amended the text to read as follows -

   “*Participants in round one (n=25).....were based in nine countries (thirteen were from the UK, seven participants were from five other European countries, four were from North America and one from Australasia).”*
2. We note the reviewer’s opinion regarding the possible scope of the questionnaire and the reservations regarding the capability of identifying “possible” neuropathic pain. We have modified the sentence in the discussion related to the classification in the paper by (Treede et al 2008) of “possible” neuropathic pain to approximating “possible” neuropathic pain (Page 14, last sentence of first paragraph).

In the first paragraph of the Discussion (page 11), we are clear that the proposed definition of refractory neuropathic pain “was not intended to supplant the clinical definition of (possible) NeuP [30], but to allow this to be partly operationalised in population-based research”.

We have been fairly conservative in the proposed uses of a case definition tool, for example, on page 12, we state, “It is not proposed that this tool would replace detailed history and examination, which must remain as cornerstones in the clinical setting.”

The recent publication of the NeuP SIG guidelines on neuropathic pain assessment (Haanpaa et al 2011) recommends that “Screening tools will serve to identify patients with possible neuropathic pain, particularly when used by non-specialists and this is probably their chief clinical strength.” These guidelines also go on to state that confirmatory testing is still required to categorise the patient as “probable” or “definite” neuropathic pain. However, we would contend that, despite their limitations, they are an essential tool for epidemiological/ population based research to identify patients with possible neuropathic pain.

Reviewer #2:
1. How did you choose the panel members?

The selection of the panel member is described in the Methods section, 2nd paragraph on page 5. “Internationally recognised experts on neuropathic pain research were identified. These included authors of important published epidemiological and clinical studies, and members of the Committee of the Neuropathic Pain Special Interest Group (NeuP SIG) of the International Association for the Study of Pain, who developed guidelines on the assessment of neuropathic pain [28].”

2. How was their expertise in this area determined?
The expertise of the participants is also described in this Methods section (page 5). The majority were members of the IASP NeuPSIG Assessment committee.

3. Can you comment upon how useful you feel the results are – what is the purpose of this – there has been no validation of your hypothesis?

In this study, the aim was to generate a consensus definition on the features required to define neuropathic pain, and refractory neuropathic pain, for epidemiological research, which we have achieved. Future research would seek to validate this consensus definition and we would anticipate that a validation study may/could be conducted to test the definition in future clinical studies. We have stated this in the last paragraph of the discussion (page 15).

Formatting changes
1. The competing interests section has been added after the conclusions.
2. The table has been modified as requested.

We hope that you will find our revisions and response to the reviewers’ comments helpful and that you will consider the paper suitable for publication in your journal. However, we will be happy to respond to any further queries or suggestions you may have.

Yours sincerely

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