Reviewer’s report

Title: Neuropathic pain and use of PainDETECT in patients with fibromyalgia

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Reviewer: Nanna Finnerup

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There is a danger of classifying FM as a pain syndrome rather than a functional disorder (or bodily distress syndrome, e.g. Fink et al. Psychosom med 2007,69,30-39) because the medical attention may be misdirected with the risk of exposing the patients to iatrogenic harm and further distress. On the other hand, it is very important to correctly diagnose the patients’ symptoms, and to identify patients with neuropathic pain among those diagnosed or misdiagnosed as fibromyalgia. Therefore, this study is of great importance. This is a clearly written study of great significance and it includes a large number of patients. It is highly relevant to include a clinical examination and grading of neuropathic pain according to the grading criteria and interesting to compare the results of such a careful clinical examination and diagnosis/grading to a questionnaire.

The purpose of the study is clearly defined and was to report the applicability of the PainDETECT tool to screen neuropathic pain in patients with fibromyalgia (FM). The methods are appropriate and well described and the title and abstract accurately convey what has been found. The discussion and conclusion are well balanced.

Major compulsory revisions

The data are sound but needs expansion. The patients in this study had a surprisingly high prevalence of neuropathic pain based on the clinical examination. Therefore, I think it is crucial for this study, that it includes a detailed description of the different types of neuropathic pain. First, it is not clear whether it was the pain originally classified as fibromyalgia that was a neuropathic pain or whether the patients had neuropathic pain in addition to their fibromyalgia pain. A list of the underlying neurological diseases/lesions identified as the cause of the neuropathic pain in the 46 patients with probable or definite neuropathic pain is crucial, in addition to a description of the location of the neuropathic pain in individual patients and the specific nerves or nervous structures damaged, and also in the 16 patients with definite neuropathic pain which test that was performed to identify the relevant lesion or disease. If these results are presented in a separate paper, a cross-link to the paper is also sufficient maybe with a short summary in the current paper.

Discretionary revisions

The patients did fill out a number of questionnaires, e.g. the BDI, but it is not quite clear what the purpose was and the results are not discussed. The bodily distress disorders are highly associated with emotional distress, i.e., mood
disorder, anxiety, and unspecific emotional distress. But the patients identified with neuropathic pain in the current study did not seem to have less such symptoms than those without neuropathic pain, maybe interesting to discuss?

Discussion: The paper does not have a section with limitations of the work.

Introduction: it could be noted that PainDETECT was initially developed and validated in patients with back pain.

Table 1: What is meant with “Efficacy of pain relief”? Is there any information on pain treatment? It is also noted how many patients rated FM pain as their worst pain; was it recorded how many and which types of pain were present in single patients?

**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:**

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