Reviewer’s report

Title: Understanding the cognitive and emotional representations of medically unexplained symptoms and its implication on treatment development research: a Sri Lanka Study.

Version: 4 Date: 9 March 2008

Reviewer: Michael King

Reviewer’s report:

This is an interesting qualitative study of the views and perceptions of patients attending primary care services complaining of symptoms that do not meet any diagnostic criteria. The aim is to gain a narrative understanding that might guide CBT in a pilot trial.

Most patients could not give their symptoms a name or decide on any particular cause. However, nearly all feared it was serious or life threatening and that it would have potential complications. Nearly half had sought help from alternative practitioners. Only half wanted their doctors to make it better (although seeking medication or investigations is surely much the same thing?). Nearly half had been in hospital in the previous 6 months. Over half had been given a vague (organic) explanation by doctors that doubtlessly provoked yet more fear. Thus, this is a cohort of health worriers who report symptoms and don’t get much in the way of a sensible explanation for them from anyone. It is a very familiar scenario to primary care practitioners in most countries, except perhaps for the high rate of recent hospitalisation. Thus it would seem that both patients and doctors were worried by the symptoms.

Major compulsory revisions

1. It is unusual in a qualitative study to write down the interviews verbatim. Could the authors say whether this limited the pace of the interviews? Was it possible to record every word or were only summaries or key phrases of the patients’ responses recorded?

2. The analysis section is too brief to be able to judge it properly. How were themes identified and a consensus between raters achieved? It seems a coding manual associated with the SEMI was used. But was any other thematic analysis undertaken and if so, what was the process?

3. Table 2 is somewhat haphazard in its presentation – some themes have accompanying examples/quotes and others do not. This is a similar problem with some of the sections. Why (given it is a very common issue – 97% of patients) is emotional representation presented so briefly (page 13)?

4. In the section Patient’s perceptions and interpretation on the encounter with the doctors (page 15) the questions concerned what patients expected or hoped
to get from their doctors, but only the doctors’ explanations or instructions are given as results.

5. A further limitation is the nature of the interviewer, in this case a psychiatrist. Patients might express themselves differently depending on what they know about the interviewer and the setting in which the study is conducted.

6. It might make the paper more useful to a general (particularly clinical) readership if the authors could describe how GP encounters with these patients might elicit such views and how they might use them in ordinary consultations to reduce patients’ (and doctors’) anxieties.

**What next?:** Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**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