Reviewer's report

Title: Determinants for return to work among sickness certified patients in general practice

Version: 2 Date: 19 October 2012

Reviewer: Ulrik Lidwall

Reviewer's report:

This is a very interesting and potentially important paper which in my opinion still needs both revisions and clarifications.

The numbering of the comments is the one used by the authors in their response.

Major Compulsory Revisions:

Comment 1) About causality: I agree that the longitudinal design allows firmer conclusions about causality. However there also has to be a rational logic or mechanisms behind the associations found to allow conclusions about causality. An example: there is a straightforward causal link between adverse health (diagnosis and sick leave history). But was is the causal link between civil status, country of birth, citizenship and return to work? These variables are more of a sort of proxy variables for different socioeconomic hardship and should in my opinion be treated as a chunk. That is what I meant in my comment 19) as stepwise (not computerdriven, instead researchdriven stepwise introduction of new sets of variables). Your results also indicate that the health related variables are without contest the most important in the RTW process. (Are you as medical professionals surprised? Shouldn't these differences in the status of different variables be more clearly stated in the background section? What are your hypotheses?)

But after all, if you are just interested in prediction, why bother about causality? But if that is the case I would strongly suggest not to use words indicating strong causality which both referees have reacted on.

Comment 2) Disability pension. The first sentence of the Background section should be revised. Do the authors sincerely believe that income security in the case of longstanding illness an inability to work (=disability pension) in itself is harmful to health? (What the theory here? Mechanisms?) I would suggest that the paragraph starts with the second sentence instead with disability pension in the end: "Long-term sickness absence...for permanent exit out of the labour market through disability pension.

Comment 3) If the use of the c-index is standard procedure, there must be a standard reference to provide? [the reference list is lenghty already, maybe some other references could be omitted?]
Comment 9) The sex variable. My point was that if there is no gender differences, this is an interesting finding which needs to be discussed. On page 8 the second paragraph I do not understand the statement: "...the results for women and men were similar, not surprisingly since the number of men and women was similar." Sample size has nothing to do with associations as far as I know.

Comment 17) "Rehabilitation programme"? What is that? Medical, vocational? Please clarify and provide rationale for exclusion of these individuals. How many where included? I understand that these could have prolonged sick leave periods due to "locked in effects". But couldn't you just have controlled for enrollment in a rehabilitation programme? I guess that would give the same kind of associations as sick leave history and diagnosis.

Another approach would be to just analyse factors associated with RTW among patients WITHOUT sick leave history! The ones with an extensive history are to a great extent "lost cases". If you really wan't to get people back to work or keep them in work early detection in these cases would be a great benefit!

Good luck with the remaining work on the article.

Best wishes,
Ulrik Lidwall

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