Reviewer's report

Title: Health problems and help-seeking in a nationwide sample of operational Norwegian ambulance personnel

Version: 1 Date: 26 June 2007

Reviewer: holger ursin

Reviewer's report:

General
G1: The important finding is the health state of this sample, and the lack of support for notions that these gentle men and women work themselves to death. The comparisons with other nationalities and previous publications may be somewhat halting since Norwegians do not really work that hard, compared with other nations and cultures.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

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Discretionary Revisions (which the author can choose to ignore)

1. The use of the short version of the Subjective Health Complaints inventory makes it difficult to evaluate whether these ambulance personnel have more or less of musculoskeletal complaints, since the HUNT does not have any such data, and you cannot compare with the substantial SHC data from the Norwegian reference population (Ihlebæk et al). Could you check the prevalence of some single items?

2. The use of "case"- taken from the Norwegian Physician data ("Legekår")- makes it very hard to evaluate prevalence, it is based on rather arbitrary cut offs, which may have been adequate for the analysis of the MD data, but does not really make much sense from an epidemiological point of view.

3. You refer to their preference for chiropractors as "adequate", I would question that. Maybe they have more background from sports, where chiropractors appear to have cornered the market? Or do frequent encounters with MDs lead to a preference for less evidence based approaches?

4. Musculoskeletal pain in personnel that has to lift always leads to more problems in their work situation, sometimes and probably wrongly given attribution power. I wish we had more data on the prevalence.
5. I really do not understand the arguments around the comorbidity, in my opinion in our data it appears to be the heart of the matter. Comorbidity is widespread (no pun intended), it is important for prognosis, and the search for "specificity" may be a blind alley.

6. There are good Norwegian data on sleep epidemiology, but not from HUNT, try HUSK instead (Ursin (R! not H)Bjorvatn Holsten Sleep 2005, 28: 1260-9.

What next?: Accept after discretionary revisions

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