Reviewer's report

Title: Burden of morbidity in an individual perspective - the case of sick-listed patients in primary care

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Reviewer: Nils Fleten

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Review Burden of morbidity in an individual perspective – the case of sick-listed patients in primary care.

The aim of this descriptive study was to explore the burden of morbidity in a sick-listed population, based on diagnoses in sickness certificates and the primary care medical records during one year.

About half the population being sick-listed in three periods covering 4 weeks total was included, a total of 279 persons and 316 certificates.

Results
Mental disorders were more frequent reasons for sickness certificates than reasons for consultation. In one year substantial more diagnoses were identified in the medical records then in cross sectional sickness certificates. Mental disorders seem to be relatively more often the reason for sickness absence than for consultation, and, as expected, vice versa for diagnose chapter XVIII. Probably would stratification on initial certificates and certificates prolonging an absence period show different diagnose distribution.

We are not given any validation of certificate diagnoses to the corresponding record.

The excellence of using ACGs to describe the burden of morbidity in sick-listed persons compared to distribution of diagnoses in ICD and/or functional classification in ICF is not easily accessible in the text.

Conclusion: The authors describes limitation in using sickness certificates and medical records to describe the burden of morbidity in a sick-listed population, and a limitation in recommendation according to the actual use of the diagnoses in medical records might be appropriate.

Major compulsory Revisions
1. The number and exclusions in Table 1 and Figure 2 and 3 are confusing, probably would introduction of an "other" group clarify. In table 1 I guess it is diagnose groups (diagnosis chapter) with less than 3 diagnoses that is excluded - but is that what is stated?

2. The ethical approval or consideration should be mentioned in the method chapter.
3. Introducing 95% Confidence Intervals for the diagnose frequencies in table 1, would make comparisons more readily.

4. In the discussion of representativeness of diagnoses in medical records, a discussion of representativeness regarding primary care (health care) seeking behaviour versus burden of morbidity in the population might be appropriate.

5. If the unrestricted recommendation of labelling every health related problem in the conclusion is kept, any potential side-effects like undesirable medicalisation should be enlightened in the discussion.

**Level of interest:** An article of limited interest

**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