Reviewer's report

Title: Chronic pain in primary care: German figures from 1991 and 2006

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Reviewer: Winfried Meissner

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Frießem e al present an epidemiological study describing prevalence and characteristics of pain in 1200 patients of six practices of specialized GPs in a German urban area. Data are compared to a similar survey fifteen years before. 60% of these patients suffered from pain on the day of the interview, and 40% reported pain for more than six months.

Compared to the 1991 survey, it shows an unchanged high prevalence of pain in patients of GPs’ practices but pain as the main reason to see the GP decreased. More women complain about pain than men. The order of pain activating factors (physical strain, weather conditions, and psychological strain) did not change. Impact on daily life was reported to be higher but loss of work days lower than 1991. More patients were seen by an orthopaedist or a pain specialist than in 1991.

The study offers insights in epidemiology of acute and chronic pain in a sample of German patients. Such data are most important for allocation of health system resources and improving treatment for patients with acute and chronic pain. The idea to compare a similar setting in 1991 and 2006 offers the possibility to discuss changes over time over these issues.

However, interpretation of results needs clarification of two major methodological aspects of this study.

Major Compulsory Revisions:

1. The authors state “Optimal comparability was ensured...”. From my point of view, comparability of the two study populations is questionable. First, in the present survey, more practices than in the 1991 survey were involved. Second, the questionnaire was not completely identical. At least those items which were modified should not be compared to the previous ones. Third, the marked differences in ages and educational status and their potential impact should be discussed. There are no data about inclusion rate, number of patients refusing to participate (and their reasons to refuse) in 1991, diagnoses and comorbidity and ethnicity. Lack of diagnosis/comorbidity data seems to be to be the most severe problem. Due to inclusion of an oncologist’s practice, a higher percentage of patients with malignant diseases might be a simple explanation of the observed differences. Even in the remaining cases, a change in underlying diagnoses between 1991 and 2006 might have caused some of the reported results. The authors should add at least some basic
information on this issue. Otherwise, comparison of the two populations does not really make sense and the 2006 survey should be presented on its own.

2. Even if the two populations are comparable the statement that there is an increased number of patients in 2006 compared to 1991 seems to be only partly supported by the data. In both surveys, 62% of patients reported pain. Even less patients visited their GP because of pain in 2006, and less patients suffered from pain for 5 and 20 years.

It seems to me the paper - especially the discussion section - needs editing by a native English speaker (quite a few sentences seem as if they are translated from German and so the writing is not always idiomatic).

Minor Essential Revisions

3. Abstract: Please use decimal markers in a similar manner (dots instead of a comma).

4. The authors state that the “number of patients with pain has increased”. However, in the results section, they report that 1991 as well as 2006 62% of the responding patients suffered from pain.

5. P3, last paragraph: “…to demonstrate for the first time the real actual primary care utilisation of pain…”: Do the authors mean “the real actual primary care utilisation of pain patients”? Please clarify.

6. How representative is the sample of the patients of the six GPs?

Without discussing this, is it justified to state this study will demonstrate the “real actual primary care utilisation”?

7. P6, 1st / 2nd paragraph and discussion: The authors should discuss the possible impact of differences in age and educational status of the two patient groups.

8. P 6/7: “…the patients estimated their pain as higher as 6-10 NRS”. What is a painscore “higher as 6-10”?

9. P9 (discussion section). “This study is the first direct comparison of data ever carried out on the changes of the prevalence of pain in a comparable population in primary care.” - In the third paragraph, two other studies are cited (10, 11) reporting prevalence of pain over 5 and 40 years. Please comment.

10. P9, 2nd paragraph: Given the above stated differences in the two populations, is it adequate to say a difference of pain by 3.6% within 15 years is an increase of prevalence?

11. P9, 3rd paragraph: It is stated that other authors attribute differences in pain prevalence to increased reporting and/or awareness.

This explanation seems to be very reasonable - why don't discuss it the authors regarding their own results??

12. P10, 2nd paragraph: If an observed difference is due to methodological problem it should not be reported as a “difference”
in the result section.

13. P10, 3rd paragraph: “The fact that in 2006 more people continued to go to work despite their pain is probably due to the impaired situation on the job market. It can be anticipated that the work efficiency is impaired by chronic pain, and this might be as important as the loss of complete working days”. Both explanations are assumptions. Also the contrast might be true: Pain is less compromising, resulting in less work loss / increased work efficiency. These statements should be supported by facts or discussed in an adequate manner.

14. P10, 4th paragraph: “Just as 15 years ago, every second patient consulted a medical practitioner because of pain, every forth patient visited a doctor because of long-lasting pain. These figures again illustrate the pain sufferers’ high need for treatment.” As pain is a frequent symptom in many diseases it is quite reasonable that these patients see their doctor. However, what they primarily expect (and need) is treatment of their underlying illness.

15. P11, last paragraph: These data should be presented in the method section.

16. P12, first paragraph: “90% of the pain sufferers are impaired in their job”. Are these interventions specific to patients with job impairment? Does pain interfering with social activities or household activities not deserving multimodal approaches? Please comment.

17. Conclusion: “The prevalence of severe pain in primary care is even higher than anticipated from epidemiological studies. Whereas the pain prevalence is anticipated at 10% - 20%, pain is in nearly half of all cases the reason for health care utilisation in primary care”. Did these epidemiological studies measure prevalence of pain in a population sample or in patients? It is not surprising that pain prevalence is higher in patients than in non-patients.

18. References: The layout of the reference section needs some improvement (at least in the reviewer’s version).

19. Fig 1: The same information should not be reported twice.

Recommendations:
- Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions
- An article whose findings are important to those with closely related research interests
- Needs some language corrections before being published
- The manuscript does not need to be seen by a statistician.
- I declare that I have no competing interests.

**Level of interest:** An article whose findings are important to those with closely related research interests
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.