Reviewer's report

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

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Reviewer: Kate Dunn

Reviewers report:

The question that this paper aims to answer, whether the prevalence and healthcare utilization for pain in primary care has changed over a 15 year period, is a useful one. However, I am unclear from the paper whether the authors have managed to achieve this aim, as the study is not sufficiently well described. Without knowing exactly who the sample was, and what the denominator was for the calculations, it is difficult to assess the interpretations. In general, the paper is not very clearly written. There are a number of specific points on which clarification is required.

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

1. The authors state that they interviewed patients in specialist practices for both the surveys, but further information is required. Were these patients visiting a doctor about a health problem? If so, which health problems were they consulting about? This is important to determine who the results of the surveys are generalisable to. The prevalence of pain among a group of people with cancer is likely very different to the prevalence of pain among people visiting their doctor with influenza.

2. More information is necessary on the setting of the study in Germany. Why are neurology and oncology clinics, for example, used identify a 'primary care' sample? In many other countries, these clinics would certainly not be classed as primary care.

3. Were all consecutive patients invited? Or was it a sample? How were the included patients identified? How many were invited to take part? We currently have no information on the denominator, and so cannot assess non-response (although there is a mention of 5% refusing in the discussion, but this is not sufficient).

4. In some places the authors talk about interviews, but in the methods it is implied that patients self-completed a questionnaire. Which method was used? And was it the same in 1991 and 2006?

5. More information should be given on the definitions of pain used, as this is the focus of the study. You give a definition of chronic pain, but no reference is included. There is no definition of acute pain. How was the site of the pain identified and defined? And could people report pain at more than one site?

6. What questions were used to measure the impact of pain on daily activities
and sleep?

7. How was the efficacy of pain therapy estimated?

8. There are too many figures in the paper. The authors should reduce the number, and simply report the figures in the text.

9. For many of the figures reported, it is unclear what the denominator is. For example, on page 7, did 41% of chronic pain sufferers highlight weather conditions, or 41% of all pain sufferers, or 41% of the sample? Similarly, was it 54% of all the pain sufferers who were impaired in their housekeeping by their pain?

10. In section 3.6, it is unclear whether you are saying that 71.7% of the respondents in pain have consulted an orthopaedist, or would consult an orthopaedist. And the time period during which this consultation happened should also be specified. Without a time period, it is meaningless.

11. The first statement in the discussion is too strong. I am not convinced that this is the first study ‘ever’, and I am also not yet convinced that this is a primary care sample.

12. I am unclear how this sample is useful. If it is assessing consultations for pain conditions in primary care, surely analysis of medical consultation records would be a better source?

13. The point raised in the discussion about the reason for wear increasing as a perceived cause is worrying, as the authors point out that the list of potential causes was different in the two surveys. This means that they are not comparable, and interpretation of change over time is invalid.

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

14. In section 3.4 you refer to back pain, but in figure 2 you refer to spinal pain, which is not necessarily the same. Spinal pain would usually include back and neck pain, but it is unclear which it is here.

15. The sentence at the bottom of page 6 and top of page 7 does not make sense.

16. The term orthopaedist (page 7) is culture specific, and would not mean anything to many readers outside Germany.

17. The term ‘wear’ is a little vague. Sometimes people use the term wear-and-tear which I assume would be the same thing. Or perhaps perceived joint degeneration?

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