Reviewer's report

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

Version: 4 Date: 20 April 2009

Reviewer: Kate Dunn

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The paper is improved following the revisions, but there are still some points that require addressing within the manuscript.

* Major Compulsory Revisions

1. There is lack of clarity in reference to other literature in the background and the discussion. Some of the papers referred to estimate the prevalence of chronic pain in the general population, and some estimate the prevalence in primary care (i.e. among people seeking healthcare). These populations are different. I think the confusion arises because some studies (e.g. Elliott et al) use a primary care register as their sampling frame, but this actually provides general population estimates as the whole population is registered in primary care. Reference #9 is also referred to as primary care, when I think it is general population. In the discussion, on page 12, you compare you prevalence figure with a general population figure – you do say that your population would be higher because they are a patient population, but actually the comparison is not worth reporting like this. This issue should be clarified throughout the paper.

2. One of your exclusion criteria is poor health – surely this would bias the prevalence figures? How did you define this? How many people were excluded?

3. In the results, there is inconsistency in reporting the findings from 1991 and 2006. You often report what appear to be 2006 figures without stating the year, and then (sometimes) give 1991 figures in brackets. It should be made clear throughout which figures are being referred to. For example, reporting that pain was the main reason for 42.5% does not have a year, it would be better to say 42.5% in 2006 compared to 50.3% in 1991 (p<0.001).

4. As far as I can tell, the main finding appears to be that similar proportions of people consult with pain in the two surveys, but the pain and interference levels are much higher in the 2001 survey. The authors don’t really comment on this. Do you think that the increased pain and interference reflects actual changes in pain experience, or changes in pain reporting, or changes in consulting behaviour? The main findings should be clearly stated at the beginning of the discussion, and the discussion focused around this – the discussion is too long at present.

* Minor Essential Revisions

1. Please add the sample size for the 1991 survey to the abstract.
2. In the background you say that all previous studies lack comparability – I presume you want to compare them to look at trends over time (as is your aim) and this should be stated explicitly, otherwise the statement lacks relevance.

3. Page 9 – you can’t say you used the same practices, because actually you added one.

4. Open questions do not create confounding – confounding is a completely different issue.

5. Page 10 – referring to the 2006 survey being in spring is irrelevant if we don’t know when the 1991 survey is.

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

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