Reviewer's report

Title: Chronic musculoskeletal pain predicted hospitalisation due to serious medical conditions in a 10 year follow up study

Version: 1 Date: 15 March 2010

Reviewer: Alison M Elliott

Reviewer's report:

General
The aim of this paper was to examine if self reported chronic regional pain (CRP) and chronic widespread pain (CWP) predicted hospital inpatient care in a general population cohort over a ten year period of follow-up.

Overall, this was a well written paper looking at an important issue. The presentation is clear, the aims of the research well defined and the methods and analysis used are appropriate.

MAJOR COMPULSORY REVISIONS

Methods
1) Additional information on the differences between CRP and CWP and how the two are distinguished is needed. While some readers will be well aware of the differences many won’t be. The fact that there is a clear difference in the results between these two groups merits the actual definitions for CRP and CWP being provided within the paper. This could be added into a table or box instead of adding paragraphs to the text.

2) The authors need to provide some information on how the baseline questionnaire data were linked with data from the healthcare register. Were all data matched up? Was this based on matching unique medical numbers available in both datasets or on probability matching using patient identifiable data such as name, address, date of birth etc. Also who did the matching? Was this carried out by the research team, staff in charge of the healthcare register or an independent group?

Results
3) There aren’t a substantial number of results presented. Tables 2-4 are really one table split into 3 for ease of presentation. The results in the text are largely repetitive of the data presented in the pain group rows in Tables 2-4. The length of the paper could therefore be shortened to something more akin to a short report if no additional analyses are conducted.

4) In addition to presenting the overall results adjusted for age, sex, socio-economic group etc it would have been interesting to see how some of the findings varied within each of the sub-groups. For example did men with CWP
have a higher risk of care due to cerebrovascular and ischaemic heart disease than women with CWP? The authors highlight in their conclusions that those with chronic musculoskeletal pain especially CWP should have more assessment and management. Identifying which sub-groups this would be most relevant for and the types of medical conditions they may be most at risk of would be of interest.

Discussion

5) There is no evidence that the inpatient care episodes occurring in the ten years after the baseline questionnaire were due to the chronic pain reported by the cohort at baseline. The authors do hint at this throughout the Discussion but should acknowledge more formally that the apparent relationships reported in this paper may be due to some other confounding factors.

DISCRETIONARY REVISIONS

Discussion

6) When discussing the lack of an association between CP and hospital care due to neoplasms the authors may wish to refer to another recently published paper which suggested that those with chronic pain are not at a significantly increased risk of developing cancer as this adds further support to their own findings (Elliott AM, Torrance N, Smith BH, Lee AJ. Is chronic pain associated with subsequent cancer? A cohort record linkage study. European Journal of Pain 2010; doi:10.1016/j.ejpain.2010.02.001)

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