Reviewer's report

Title: Does pre-operative psychological distress affect patient satisfaction after primary total hip arthroplasty?

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Reviewer: Eva Vingård

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Hossein M. et al. Does pre-operative psychological distress affect patient satisfaction after primary total hip arthroplasty?

1. Is the question posed by the authors well defined?
   A: Yes the authors want to investigate if distress before arthroplasty will influence the outcome. The follow-up period is five years. This question is rather interesting. However later on in the manuscript the authors say that this can be a parameter for deciding which patient will have surgery or not. “Surgeons will avoid operating on patients who are likely to have poor response” is a sentence in the manuscript. I think one has to reflect a little more about the results from questionnaires on group and individual level. To belong to a group with a higher risk of poor result is of course something to consider but we don’t know anything about a certain individual. To refuse surgery for all belonging to an arbitrary chosen group is not ethical to my opinion. Need to be discussed more and taken into consideration in recommendations. (Minor revision)

2. Are the methods appropriate and well described?
   A: NO! Absolutely not. Appropriate maybe but not well described. The scales used and when they are used are hard to follow. The method section needs to be extended and rewritten totally. (Major revision)

3. Are the data sound?
   A: Well I think you should stratify by sex. Report men and women separately. An example of that is the sentence that the distressed group was shorter and lighter with the comment that this might reflect the higher number of women in this group. A comment like that makes the reporting a little comic and not scientific. (Major revision)

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
   A: Yes with the shortcomings mentioned above.

5. Are the discussion and conclusion well balanced and adequately supported by data?
   A: Yes, but I had preferred another reporting of the pain relief. The clinical significance is low or maybe not existing even if you can find a statistical
significance. (Minor revision)

6. Are the limitations with the work clearly stated?
A: Yes, but the reader will like to know how what kind of selection is involved by the centres studied. What kind of hospitals were they. What kind of socioeconomic characteristics had the referred patients and so on? (Discretionary revisions)

7. Do the authors clearly acknowledge any work upon which they are building both published and unpublished?
A: I can of course only assess the published ones and they seem relevant. I don’t think you should refer to unpublished sources!

8. Do the title and abstract accurately convey what has been found?
A: yes

9. Is the writing acceptable?
A. I am not a native speaking English person. But to my limited experience the language seems OK.

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.