Reviewer's report

Title: Individuals with chronic low back pain have poorer aspects of health literacy than those without back pain.

Version: 1 Date: 14 March 2011

Reviewer: Pilar Escolar-Reina

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REVIEWER’S REPORT:

Thank you for the opportunity to review this report. This work is interesting study and the results are of potential interest to self-management support initiatives for individuals with chronic low back pain.

All suggestions below are major compulsory revisions

Abstract
This is a reasonable summary of the paper.

Introduction
The authors make a reasonable argument for carrying out the study and the objective is well described. However, references need to be included for arguments supported by qualitative study. The authors should provide this reference.

In addition, the authors should provide domains of Health Literacy Measurement Scale. They reported its advantages - “HeLMS was developed to measure elements of health literacy beyond numeracy and reading comprehension …” - but they did not provide its domains.

Method
The study method itself appears to be reasonable, though there were some problems. First, while the author reported domains of Functional health Literacy in page 7, they omitted domains of HeLMS in page 8. They should provide them because they are essential in this article.

Second, I agree that responses for each item were dichotomised because they are not continuous data. Parametric tests seem appropriate for assessing differences between continuous data from each HeLMS domain; however, author should use only non-parametric test for assessing differences between dichotomised responses for each item.

Results
Layout of results is basically acceptable. Nevertheless, the authors should describe if differences exist between individuals with chronic low back pain and those with no history of LBP. Since Discussion is about no differences between groups in page 10 (as it should be, I believe), I wonder about the lack of specific sentences in results section. Readers specially need to know if some variables (age, gender and level of education) are equally distributed between the two groups participating in this secondary study. Seeing results of table 1, I believe likely differences between individuals with chronic low back pain and those with no history of LBP. If yes, it’s only a personal preference but both results and methods sections could improve if multivariate analysis were reported. Right now, according results in table 1, readers could believe that level of education is potential confounder factor of the relationship between health literacy and chronic low back pain.

Discussion and Conclusions

This section is well written and the continuity between previous research and the present study is clear. However, continuity with findings of other chronic pain populations –as was done in introduction-could improve the discussion section.

The authors include study limitations; however, limitations need to be expanded. As I understand, the authors do not discuss limitations due to make an analysis in isolation between HeLMS and chonic low back pain history.

The authors provide suggestions for future research. They also provide implications for practice, such as “self-management support initiatives for individuals with chronic low back pain”, but this implication should be expanded with specific recommendations for care providers.

Level of interest: An article of importance in its field.

Quality of written English: Acceptable.

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests: I declare that I have no competing interests.

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**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that I have no competing interests.