Author's response to reviews

Title: Prevalence of multi-site musculoskeletal symptoms: a French cross-sectional working population-based study

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Author's response to reviews: see over
**Reviewer's report / Version: 3**

**Reviewer 1: David Coggon  Date: 12 January 2012**

**Minor Essential Revisions**

**R1Q1.** Abstract, first sentence. As I pointed out previously, no evidence is provided in the main body of the paper to support the statement that the prevalence of musculoskeletal disorders in the working population is “constantly increasing”. This is a contentious statement, and seems unlikely to apply to all working populations across the world. It should either be supported by appropriate references in the main text, or re-worded.

Further to your remark, we have re-worded this sentence to delete this assertion.

*Modified article (v4): Page 2, Abstract, first sentence.*

**R1Q2.** Page 7, lines 9-10. This is still unclear as written. A possible alternative would be “For bilateral anatomical sites, MS were classed as present if they were reported on either or both sides of the body.”

We agree with your remark and we made the wanted modification.

*Modified article (v4): Page 7, lines 11-12.*

**R1Q3.** Page 8, line 2. This refers to a 2.0% sample of the workers examined by occupational physicians. However, the Methods section refers to selection of “one out of ten workers on the selected half-days”. It is unclear how these figures are reconciled.

We have rewritten this paragraph and tried to more clearly specify the procedure of inclusion of the workers.

*Modified article (v4): Page 6, last three sentences of the “Study design and population” section.*

**R1Q4.** Page 10, paragraph 3, line 1. Does presence of MS in an anatomical region for at least 30 days, mean presence in at least one site within the region for at least 30 days, or could it be that a case had pain at one site for 16 days and another site in the same region for 16 days? This should, perhaps, be made clear.

Presence of MS in an anatomical region for at least 30 days mean presence in at least one site within the region for at least 30 days: The precision was added in the paper.

*Modified article (v4): Page 7, lines 14-16.*

**R1Q5.** Page 11, paragraph 2, lines 8-12. Something seems to have gone wrong in the editing here.

We agree with your remark and have made the correction.

*Modified article (v4): Page 11, last sentence.*
R1Q6. Page 11, last paragraph. I would be interested to know the bias that is inherent in collection of data by self-administered questionnaires. Does it lead to over-estimation or under-estimation of the true prevalence of symptoms, and what is the evidence for this?

The precision was added in the paper.

Modified article (v4): Page 12, lines 2-6 (from top).

R1Q7. Page 12, paragraph 1. We are told that the validity of the French version of the questionnaire has been studied, but we are not told what was found. I raised this point last time, but it does not appear to have been addressed.

We have given more information on the validity of the Nordic questionnaire in the article.

Modified article (v4): Page 12, lines 8-13 (from top).

R1Q8. Page 13, paragraph 2, last line. Head symptoms can, of course, arise from musculoskeletal disease in the neck for temporo-mandibular joint.

We agree with your remark and we have specified our sentence.

Modified article (v4): Page 14, lines 1-2 (from top).

R1Q9. Page 14, three lines from the end. Again, something seems to have gone wrong with the editing. It is unclear what is meant by “... associated with others MS that is multisites MS.”

We agree with your remark and we have made the wanted correction.

Modified article (v4): Page 15, line 4 (from top).
Title: Prevalence of multi-site musculoskeletal symptoms: a French cross-sectional working population-based study

Reviewer's report / Version: 3

Reviewer 2: Susan Picavet Date: 23 January 2012

Major issue
R2Q1- The paper did improve, but I still miss the focus on the central issue of the paper, i.e. multi-site musculoskeletal symptoms. In order “to avoid to lengthening of the paper” the authors decided not to present an analysis on “whether or not the coprevalence of multi site symptoms was higher than can be expected, given independence” and not to present a “comparison with the literature and take into account the differences between countries and the differences between working and non-working and/or general population”. In particular the discussion section is not in balance. In my opinion the discussion would improve considerably (both content and its readability) if the description of the single site prevalence’s and the extensive description of the differences between men and women, will be replaced by a solid discussion of the found prevalence of multi-site symptoms with the figures from the literature. How do the French workers compare to other high income countries? Are figures similar or not? Are measurements comparable or not? What is the role of working vs. non-working population in the size of multi-site prevalence, higher or not? What is the role of age and sex in the prevalence of multi-site symptoms?

According to your suggestion we have developed the discussion of the found prevalence of multi-site symptoms with the figures from the literature. We have given more emphasis on the comparison between the French population vs. others countries, the role of sex in the prevalence of multi-site symptoms. However, we preferred not to delete the discussion around the single site prevalence’s and the differences between men and women according to the previous remarks of the other reporters

Modified article (v4): Page 13, first two sentences of the last paragraph; Page 14, second and fourth paragraphs; Page 15, lines 6-9 (from bottom).

Minor issues
R2Q2- in the first sentence of the abstract it is said that “the prevalence(..) is constantly increasing” Where is this shown?

Further to your remark, also taken back by the reviewer 1, we have rewritten this sentence to delete this assertion.

Modified article (v4): Page 2, Abstract, first sentence.

R2Q3- Introduction: page 4: an estimated prevalence of 15 to 30% cannot be regarded as “low”.

We agree with your remark and we modified the text accordingly.

Modified article (v4): Page 4, two lines from the end.

R2Q4- Discussion: page 16: “More precise identification of the most frequent MS profiles (..) are therefore essential (..)”, indeed: and that was the focus of this paper, wasn’t it?

We agree with your remark. Since this sentence was unclear and probably not necessary in this section, we have preferred to delete it.

Modified article (v4): Page 17, the last sentence before conclusion has been deleted.