Author's response to reviews

Title: A prospective study of the impact of musculoskeletal pain and radiographic osteoarthritis on health related quality of life in community dwelling older people

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Version: 4 Date: 30 July 2012

Author’s response to reviews: see over
Reviewer’s reports
Our responses to the reviewers comments are written in italics.

Reviewer #1: No report

Reviewer #2
Title: A prospective study of the impact of musculoskeletal pain and radiographic osteoarthritis on health related quality of life in community dwelling older people
Version: 3 Date: 25 July 2012
Reviewer: Shigeyuki Muraki
Reviewer’s report:
I thank the authors for their response to the reviewer comments.

Materials and Methods
1. Regarding pain, did the author define subjects as having pain, when the subjects had pain at the during the examination? For example, when the subjects had pain 1 week before the examination, but not had pain at during the examination, were they subjects classified as those without pain? Furthermore Otherwise, were the subjects classified as those with having pain, even if they subjects experienced pain only once during their lifetime?

Pain was self-assessed using a questionnaire. As mentioned in the Methods (page 7), the question asked was “Do you experience pain at any of these sites?”. Response options were “yes” or “no”, and the sites were: neck, back, hands, shoulders, hips, knees, and feet. Therefore, we classified someone as having pain at a particular site if they marked “yes” to experiencing pain at a particular site. Whether a patient who had pain a week before the questionnaire but not in the week they completed the questionnaire would be classified as having pain or not would depend on how the patient interpreted the question as there was no time reference.

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

Reviewer #3
Title: A prospective study of the impact of musculoskeletal pain and radiographic osteoarthritis on health related quality of life in community dwelling older people
Version: 3 Date: 24 July 2012
Reviewer: Svetlana Solovieva
Reviewer’s report:
The manuscript could be accepted without further revision.
Level of interest: An article of importance in its field
Quality of written English: Acceptable
Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests:
No competing interests
Reviewer #4
Title: A prospective study of the impact of musculoskeletal pain and radiographic osteoarthritis on health related quality of life in community dwelling older people
Version: 3 Date: 16 July 2012
Reviewer: Pekka Mäntyselkä
Reviewer's report:
The authors have been able to carefully respond to the comments and they gave considered them seriously. As well, they have made the relevant changes and clarifications in the manuscript. The method section, as well, the article in general is more compact and clear. Therefore, I don’t feel confused any more with this manuscript. I have some questions (that do not need to be answered but considered). Can it be concluded that in general population with elderly people, pain (with or without OA) has more impact on QoL than OA? Further, can it be concluded (or first analyzed) that among people with OA, pain impacts more on QoL than the radiological changes of OA? Pain is certainly the strongest musculoskeletal determinant of quality of life in our population, and radiographic measures of OA were not significantly associated with quality of life, even before adjustments for other covariates. Our study population is not limited to participants with OA, but we would extrapolate from our results that pain is a more important determinant of quality of life in osteoarthritic patients than radiological changes. Radiographic changes are known to be poorly correlated with pain, and pain is what is affecting people’s quality of life.

I have some more minor questions and remarks. Prevalence or RA (reported in Table 1) seems to be quite high and higher than in other populations, I think. Are the percentages right here? Are those percentages comparable with the results obtained from other studies? We are aware that the prevalence of RA (as reported in this paper) is high. This is self-reported prevalence of RA. We expect that this high prevalence is likely to be at least partially due to misclassification, with people reporting RA when they actually have OA, or another type of arthritis. However the prevalence of RA is not the focus of this paper and so we have not provided any more detail about it in the paper.

For some characteristics, only percentages are shown while for some characteristics both numbers and percentages are shown (Table 1). We have updated the numbers in Table 1 so they are internally consistent.

Is the prevalence of OA comparable with other studies? The prevalence estimates for TASOAC are on the higher end of comparable prevalence estimates listed in a recent meta-analysis[1], but prevalence estimates show marked heterogeneity between studies.

Level of interest: An article of importance in its field
Quality of written English: Acceptable
Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Reference List