Reviewer’s report

Title: Individual and work-related risk factors for musculoskeletal pain: a cross-sectional study among Estonian computer users

Version: 1 Date: 11 February 2014

Reviewer: Helen Harcombe

Reviewer’s report:

Minor essential revisions

Abstract

1. Check the % reported after shoulder pain – should it be 30%? See the later comment relating to Table 1.

2. Please make it clear that the ‘most consistent risk factors’ were not necessarily statistically significant. Alternatively you could consider only commenting on statistically significant findings in the abstract.

Background

3. 4th para: ‘Until recently…’ Please clarify if this referring to another study (in which case reference and discuss) or is this referring to the current study?

Methods

4. Study design and subjects 3rd para: I suggest moving the information about responders/response rate to the results section.

5. Please add additional information to the statistical analysis section about what was adjusted for in the analysis of risk factors.

Results

6. To be consistent with Table 2 and the Discussion, I suggest the results section refers to the lower odds with left handedness/both handedness rather than higher odds with right handedness.

7. Please make it clear that the ‘…patterns of association…’ are not necessarily statistically significant findings.

Discussion

8. Line 2: Again, make it clear to the readers that these are not necessarily statistically significant.

9. 3rd para: Clarify – this says 25% but the results said 40%.

10. 3rd para: I do not think the findings (25% consultation) justify saying that ‘…symptoms were often more than trivial…’ when potentially 75% did not involve consultation. Couldn’t this mean that in fact most symptoms may have been trivial? Please amend or justify. In addition, there could potentially be a range of reasons not to consult other than ‘…participants may have felt that medical
consultation was unlikely to be useful.’ I suggest adding a sentence to that effect.
11. 3rd para: In the section referring to not receiving sickness benefits, please be more explicit about how this is of relevance to non-consultation.
12. 6th para: Please add the appropriate year after Delisele et al.
13. 6th para: Please comment on why low job support may have been associated with lower odds of neck pain.
14. 8th para: Add references after ‘other similar investigations.’
15. 8th para: Although the authors refer to ‘other similar investigations,’ couldn’t the alternate explanation for the association with work attribution beliefs in this study be that participants came to have these beliefs after they and/or colleagues experienced MSDs at work? I feel additional comment should be added to reflect this.

Table 1
16. Spell out the abbreviation in the title.
17. Check the calculations: Should shoulder pain lasting longer than x1 day be 30%, frequent low back pain 9% and frequent neck pain 14%?

Table 2
18. Add additional information to footnote ‘b’ to say what it is mutually adjusted for to make it clear why some of the variables are/are not in the mutually adjusted results.

References
19. These should all be checked for accuracy e.g. spelling errors in references 14, 15 and 22.

Discretionary revisions
20. Abstract: If you are able to within the word count, I suggest adding the % after ‘Most respondents…’
21. Methods - Variables: Although you have referred to the CUPID study earlier, it could be helpful if there was another reminder here in relation to further information about the questions participants were asked. Consider adding something like: ‘Many of the variables have been described in detail previously (reference). In brief,…..’
22. Results Para 2: I suggest either adding ‘participants’ after ‘49’ and ‘31’ (lines 2 and 3) or changing to 24% (n=49). (Ensure any changes are consistent throughout paragraph).
23. Results Para 3: Please check and ensure that the risk factors are referred to in the text in the same order that they are listed in the table.
24. Should there be a comment about somatising tendency and neck pain in the results?
25. Should there be a comment about emotional exhaustion and low back pain
when commenting on the mutually adjusted model in the results?

26. Results: There are several findings that have 95% confidence intervals with lower limits very close to one in mutually adjusted models, e.g. low job security and low back pain OR 2.29 (0.99, 5.32) and work attribution beliefs and wrist/hand pain OR 2.07 (0.97, 4.45) which may warrant commenting on.

27. Discussion Line 1: I suggest using the word ‘prevalence’ instead of ‘frequency’ to be consistent with the wording in the aims. (Also in the next para).

28. Discussion 2nd para: Here, and possibly elsewhere in the manuscript, I suggest putting the references beside the aspects they are referring to rather than all together at the end of the sentence.

29. Table 1: Although it can be calculated, consider adding the total ‘n’ to the table.

Minor issues not for publication

Methods, Variables Para 3: add the word ‘were’ after ‘examined’

Table 2: Check formatting for emotional exhaustion/shoulder pain.

Note that for references 12 and 15 the spelling should be Derrett in the list of authors.

**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 have been involved in the New Zealand arm of the CUPID study. The manuscript under review is on the Estonian arm of the CUPID study.