Author's response to reviews

Title: The course of reported pain from different body regions- a longitudinal study

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Author's response to reviews: see over
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Dear Editor,

Thank you for the reviews. We would like to thank the reviewers for valuable and insightful suggestions, which have improved the manuscript. Changes are made and are explained point by point below.

Author’s response to reviewers

Title: The course of reported pain from different body regions- a longitudinal study

Authors: Christina Gummesson, Sven-Olof Isacsson, Agneta H Isacsson, H Ingemar Andersson, John Ektor-Andersen, Per-Olof Östergren, Bertil Hanson, and the Malmö Shoulder-Neck Study group

In response to Professor Peter R Croft

Reviewer’s report:

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. The secondary findings related to poor self-rated health have been observed on a number of occasions before and my view is that the authors would strengthen this paper if they removed these as results and simply pointed out that they have confirmed what previous studies have shown before - namely that the presence of pain is associated with poor self-rated health and that the number of pain areas is linked with poor self-rated health.

   This is information is now shortened and only shown in the text now. Page 5, para 4.

2. The primary finding (about regional pains over time) is worth showing because the figures are a helpful addition to the literature. However the findings themselves are not surprising. I would suggest that the authors re-write the introduction to indicate that the clear expectation from earlier studies is that concurrent regional pains will behave in similar ways over time, and that the purpose of the paper is to investigate and describe this in a large population study.

   This is now further highlighted in the introduction. Page 1, para 2, Page 2, para 2.

3. It would be helpful if the discussion section included critical reflection on (i) the possibility of this being artefactual reporting in a questionnaire - if a person reports one symptom, they are likely to report several, (ii) whether the findings are more likely to reflect shared risk factors (depression is linked with pain reporting, and so depressed people are more likely to report pain in several areas concurrently than those who are not depressed) or something intrinsic to pain and pain processing itself, and (iii) the public health message.

   The points are now raised in the discussion. Page 8, para 1, 2
In response to Dr Stefan Bergman
Reviewer's report:

1) Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
1. Results second paragraph third line (and in abstract): How is "long-lasting" defined? Is it the same as "all the time"? This must be defined in method or discussed if not more defineable.

Long-lasting was defined in the method section page 4, under the heading assessment; “The responses indicating musculoskeletal symptoms “often” and “all the time” during the past twelve months were used to define long-lasting musculoskeletal symptoms for the prevalence estimates.”

2. Results third paragraph: The report on different prevalences of persistence amongst women and men gives little information without confidence intervalls.

the CIs are presented for all prevalence estimates throughout the results text and table. We can not see where they are missing.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
1.I have problem with one sentence that occurs both in abstract and in the result: "..compared to those reporting no symptoms of fewer bodily locations". Shoult "of" be "or"?

"of" is corrected to “or” in abstract and result.

2. No heading over "Background"

Heading is added

3. It would help the reader if the legend to figure 2 expained "other health problems" and "chronic symtoms".

Figure 2 is deleted as suggested by another reviewer.

Discretionary Revisions (which the author can choose to ignore)
1. In second last paragraph of Background the authors state that there is no studies on whether poor health is related to pain distribution (local or several locations). There is now one study that could add to the discussion: "Health status as measured by SF-36 reflects changes and predicts outcome in chronic musculoskeletal pain: a 3-year follow up study in the general population"; Bergman et al in Pain 2004, vol 108(1-2); 115-23

We thank for the suggestion and added this to the background.
In response to Dr Charlotte Leboeuf-Yde

Reviewer’s report:
General

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
The manuscript lacks some information to make it worthwhile to read. These are my comments:
P.4, last para: You speak about “course of pain”. However, because your study consists of two cross-sectional surveys, not of a multiple observations à la diary, this is not correct. You are not as much looking at the course of a disorder but looking at the pattern at two instances and how people fit into different categories at base-line as compared to at follow-up.

Even though “course” can be used to describe multiple observations, “course” can also be used as indicating direction. Therefore we have chosen to maintain the expression.

P.5, para 1. You need to provide us with some more information on the target population, the target study sample and the final study sample. Your target population is surely not the whole population of Malmö, but those of the relevant age group (47-66 yrs). You should therefore find out what the size is of this group, and the number of men and women. Then we would like to know how many you invited and how many you “caught”, both at base-line and follow-up, by age and sex, so we get a feeling of to what degree your final sample is representative of the background population. Also, I think that you should state clearly, that your report consists only of those who responded both at base-line and follow-up.

Further information is added in the method section, page 3, under the heading participant. Also a new table (Table 1) is added to provide adequate information on those only responding to the baseline study in comparison to the group studied here. Because of the size of the studied population the prevalence rates would not change significantly, had they been included.

Who performed the interview?

The interviews were all performed by the same person (AI), this is clarified in the method section, page 3 under heading Design.

para 2. As you will publish in an electronic journal, there is no problem of space. Therefore, please include the relevant parts of the Nordic questionnaire, as all your readers probably do not have a copy of it on their desk. Did you use the entire questionnaire or just parts of it? Also, you need to describe how you used the information collected in that questionnaire, in other words which variables you selected and how you classified the responses.

Because this journal has previously chosen not to publish appendix of such well known instruments as the Nordic Questionnaire we chose to specifically include the questions and responses that was used in this study. How the classification was done is stated in the method section, page 3 heading Questionnaire.

p.6, para 1. You need to specify that you are dealing with the "one-year period prevalence".
That is specified in the method section, page 4, heading Assessment and Abstract.

para 4. Please describe your test/retest procedure. Did you do this for all information or only for some information. How did you categorize your answers?

Information is added to the method section, page 4 under heading Assessment para 4.

para 5. Did you provide written information to the participants? Did you receive acceptance from some data registry for setting up this register of people?

Information is added to the method section, page 4, heading Ethics.

P.7. It is always a good idea to describe the study sample quite well. For example, age needs to be reported as range (presumably 47-66), spread of data or mean, median etc and to do this both for the base-line and follow-up samples. Sex distribution, of course, perhaps shown as spread of data. Also, I would expect to have a full report of the variables of interest, i.e. the pain variables, other health problems and what-ever you have used in your analyses. This can easily be done in one table. If there is a significant difference between men and women, these data could be presented independently for the two sexes, if not, reported altogether.

Table 1 is added for clarification. Because of the large sample size we have not found any variables that would be clarified by adding median. Because the age group (years of birth, by range) is described in the methods, page 3, heading Design, we feel that sd will provide more information in the table.

It is also important to understand whether the final study sample is representative of the general population (the target population). Therefore, you should compare 1) your responders at base-line with your non-responders at base-line, in relation to age and sex (which is information that you can get from their personal identification number) and 2) your responders and non-responders at follow-up by use of the base-line data (age, sex, musculoskeletal problems and other health problems), so that we can see who these people are.

Information is added in Table 1. However because in this review it was also suggested to shorten the information on other health problems, that is not included.

Your figure of the various body locations is interesting but I don't think that you do it much justice by just reporting percentages of this, that, and the other. I would strongly recommend that you report these results more on a "visual" basis. As far as I can see, there are several interesting observations to be made. First, the pattern is similar for men and women. Second, it is similar across the different body locations. Third, people tend to report at follow-up in a similar manner to what they reported at base-line. There is an A-shaped curve for all/most possibilities except for the two extremes, that of course cannot go into both directions but only into one direction.

To identify the findings you mention we believe the current illustrations are necessary.

Your figure 2, however, is not very interesting. Why not only mention it, and to test whether there is a difference between the two groups by adding a 95% confidence interval to your percentages or by calculating the odds ratio, with a confidence interval?
The figure 2 is deleted as part of the effort to shorten the information on other health problems and poor health.

Actually, your Table 2, which is very revealing, would be more cited in the literature in the future, I believe, if you also add the odds ratios and you should mention the "dose-response" in the text of your result section.

This information is shortened as suggested by another reviewer.

p.10. I would like to see an intelligent discussion on what aetiological factors these different conditions could have in common, seeing that they behave in such similar manners.

Common factors have been added to the discussion, page 8 para 1 and 2.

You will find that the abstract should be adjusted to your amended report, so that it includes a full report on response rates at base-line and follow-up, that it has the time factor mentioned (one-yr period prev).

We have tried to clarify the abstract.

I think that you have made an error when you in the Result section, 2nd para list a number of items and join them with the word "and". Surely, this should be "or".

Change has been made.

Your last sentence in the Result section is probably illogical and needs reconsideration and rewording. Are you saying that these people's health was "worse" or that there was a larger proportion of people reporting to have bad health? Big difference.

This is deleted.

Your conclusion should be re-written to reflect a bit better the major findings and perhaps include the intellectual consequences of these findings.

The discussion has been extended and conclusion rewritten.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

The language needs some minor changes.

p.3. para 1, line 1, in the adult population (add the word "the")

"an" is changed to "the"

line 5. "have" been sparsely

changed

para 2, line 2. one "phenomenon" - several "phenomena".

Changed

line 3 Suggest: "However, it is not known if pain in..... is .......in....."

changed
line 8, Suggest: "For example" at a one-year follow-up...
   added as suggested

line 13, "thirty-four"
   changed

line 14. Perhaps add the word "survey" after "follow-up".
   Added

line 16 .... "will require pain to be present", suggest add the words "to be".
   Added

para 3. Why suddenly report on those who "did not", when you previously reported on those who "did". This makes it confusing for the reader, when he/she tries to compare this info with your previous examples.
   Changed

p.4, para 3, line 3 not "weather" (=väder in Swedish) but "whether". Suggest you continue this sentence ..."whether pain was localized in one or several body locations".
   Changed

The word "bodily" sounds weird to me but checking with somebody whose English is perfect. p.5, para 1, line 1: Epidemiologic study, to make sure that it cannot become epidemiological, at its worst.
   Body and bodily has been deleted
   A study can be referred to as epidemiologic, however the expression epidemiological is much more frequently used (please see Pubmed)

line 2, "All inhabitants........ were"
   changed

line 7, "medical" not "doctor" visit
   changed

para 3, line 2. "At the one year follow-up study...."
   General comment: Why not scrap the decimals when reporting these percentages? On a population basis, they are not important, and 40% is easier to grasp and remember than 39.8%.
   Decimals are removed from the prevalence estimates

p.10, para 2. Perhaps use another word than "joint" as we are reading about musculoskeletal conditions. Perhaps "common" is a better word.
   Changed as suggested

para 3. or vice versa, as you have not really tested in which direction the influence goes.
The wording is changed to; In agreement with other studies, more responders reported poor health among those with multiple pain regions.

Table 2, "Poor health" change to "poor health"

The table is deleted

Fig. 2. Add the word "longlasting"?

Chronic in replaced by long-lasting

Fig. 1b. Use the same legend as in fig. 1a.

Both legends are currently kept to enhance for readers, however this is a layout issue, depending on how the figures may be presented.

Discretionary Revisions (which the author can choose to ignore)
None. Unless it is to remove Fig. 2.
Done