Author's response to reviews

Title: Measuring troublesomeness of chronic pain by location

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Author's response to reviews: see over
Dear Sir or Madam

Re: Corrections for Measuring troublesomeness of chronic pain by location – MS 1805078825776387

Thank you for arranging for this paper to be reviewed, we found that reviewers comments very helpful and have incorporated them all into the new draft.

We have given a point-by-point response to the reviewers’ comments which is below.

Yours Sincerely

Suzanne Parsons, Dawn Carnes, Tamar Pincus, Nadine Foster, Alan Breen, Steven Vogel and Martin Underwood.
Reviewer one – Minor essential revisions

1) The authors state in their covering letter that they have corrected the statement on the significance of the correlations reported in table two. However, despite the fact that all of the correlations in the table are significant (p<0.05), the authors still report that ‘all but one of the correlations were statistically significant” on page 12 of the revised manuscript. We have now altered the text accordingly.

Reviewer two

1) I have just two suggestions for the revised version. First, although I appreciate the authors’ rationale for performing percent agreement for the test-retest reliability analyses, I still recommend adding the intra-class correlations to table 4. In fact, the values are very similar to the percent agreement calculations. I believe that for many readers who are more familiar with interpreting intra-class correlations for test-retest reliability it will be useful to see these analyses as well. We have added the intra-class correlation coefficients into table four and have altered the text accordingly.

2) I would be interested in the authors’ thoughts on why little of the overall variance in troublesome pain was explained in their multi-variate analyses (which range from only 25% to 37% of the variance). Although the authors raise this point on page 15, I would like to see them offer more discussion, as I believe this is an important issue in understanding troublesomeness as a concept. For example, do the authors expect that other measures (socio-demographic, medical or psychological variables) would have more strongly predicted troublesomeness scores?

We appreciate the reviewer’s comment that other measures may have more strongly predicted troublesomeness scores. We have expanded on this point further on page 15 of the revised manuscript. For example, one could hypothesize that fear avoidance behaviour and functional ability may be related to troublesomeness, as patients who experience troublesome pain may be more likely to adopt fear avoidance behaviours which in turn could lead to functional impairments. The existence of coexisting medical conditions may help to predict troublesomeness of pain, as those with coexisting medical conditions may place a lower priority on the troublesomeness of their pain relative to the troublesomeness of their coexisting medical condition.