Author's response to reviews

Title: Costs of shoulder pain in primary care consulters: a prospective cohort study

Authors:

- Ton Kuijpers (a.c.kuijpers@hva.nl)
- Maurits W Van Tulder (mw.vanTulder@vumc.nl)
- Geert JMG Van der Heijden (g.vanderHeijden@umcutrecht.nl)
- Lex M Bouter (lm.bouter@vumc.nl)
- Danielle AWM Van der Windt (dawm.vanderwindt@vumc.nl)

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Reviewer's report

Costs of shoulder pain in primary care: a prospective cohort study
Jens Ivar Brox

Major Compulsory Revisions
From page six I understand that patients were selected if..., and had not consulted their GP or received any form of treatment for the afflicted shoulder in the preceding three months. From table 2 I understand that 26% of the total sample and 43% of the high cost patients had taken sick leave for shoulder pain during the last 2 months. Does this mean that the patients had taken sick-leave for the unafflicted shoulder, or did they consult other health care professionals to receive sick leave in the previous 2 months, or did they take sick leave without consulting any? I just do not find it logical that patients who were selected because they did not receive any treatment for the afflicted shoulder in the preceding three months had taken sick leave for shoulder pain.

Reply - In The Netherlands, it is not the GP who issues sick leave notes. Workers can call in sick for a few days without consulting a health professional. After these first few days they have to report to an occupational physician. So previous absenteeism can have been reported to occupational health care (without receiving further treatment) or may not have resulted in any contact with a health care professional (if it only concerned less than a week of absence).

Minor Essential Revisions
Persistent shoulder pain is better defined, but since this is the major outcome variable it should be even better described. The readers should not have to check details by reading a reference article. Furthermore, how was the cut-off choosen?

Reply - We add some more information and added 'The cut-off point was determined a priori, based on previous research by the project team'.

The control group were treated according to the national guideline for shoulder pain and the costs were compared with a group who had more or less the same treatment. Since many of the patients had some complaints at 6 months follow-up: can we expect patients to have a clinically significant improvement from other treatment? And at what price? Would total costs increase or decrease? Findings from previous studies may add valuable information to the discussion.

Reply - After 6 months probably patients will receive physiotherapy or manual therapy, and that a small proportion may be referred for orthopedic surgery. Approximately 30-40% of patients may still have symptoms after 12 months [Kuijpers 200, Van der Windt 1996, Croft 1996], but in most patients this will not incur high costs in terms of health care use or sickness absenteeism. However, cost of illness studies including a follow-up of one year or more is needed to reliably estimate the total costs of shoulder pain.