Reviewer's report

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

Version: 2 Date: 12 May 2006

Reviewer: Elaine Harkness

Reviewer's report:

General

This study uses a prospective design to determine the economic costs of shoulder pain in individuals who consulted their primary care physician. The literature in relation to health care and lost productivity costs of musculoskeletal pain in general is limited. Other studies are limited in that they have used prevalence data and linked this to a number of other data sources, thus the estimates are implicit on a number of assumptions.

This study has been well conducted and provides evidence to suggest that the cost of shoulder pain within € Dutch primary care setting was relatively low.

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

Discussion

Limitations of the use of cost diaries should be discussed e.g. compliance and validity. Did the authors try to determine the validity of the cost diaries in any way e.g. by comparing reported and actual visits to general practitioners.

In addition, the external validity of the study should be discussed.

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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)

Medication costs (prescriptions & over-the-counter) and out-of-pocket expenses are not included in the unit costs in Table 1.

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Discretionary Revisions (which the author can choose to ignore)

Title

I feel the title is a little misleading as it is costs of shoulder in those presenting in primary care, not just costs in relation to primary care.

Methods

Where costs for consultations to other primary care professionals (e.g. nurses) considered?

Costs â€“ the cost information is a little confusing, it sounds as though patients were asked to complete the costs for each of these factors, when in fact it appears that patients were asked report the number of visits to various health care professionals, hours of help from others and days of sick leave etc. and that these were then applied to the unit costs in Table 1. The exception seems to be the costs for alternative therapists. If this is the case it needs to be clarified in the text and more information should be given on how unit costs were obtained.

A little more detail on the friction method would be helpful.

Data analysis
Were the analyses for patients with persistent symptoms based on self-report?

Results
Include the numbers of patients who were eligible for the study but were excluded and the reasons why. The authors comment in the discussion that those patients with more serious injury (fractures, dislocation or previous surgery) were excluded from the current study but may generate substantial costs, therefore it would be interesting to know what proportion were excluded for this reason.

What next?: Accept after discretionary revisions

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:
I declare that I have no competing interests