Reviewer’s report

Title: The prevalence of pain and disability one year post fracture of the distal radius in a UK population: A cross sectional survey

Version: 2 Date: 27 April 2008

Reviewer: Ruby Grewal

Reviewer’s report:

Page 2 paragraph 1 (Minor Essential Revisions)
I would suggest you change ‘long term pain and disability’ to ‘one year…..’

Page 2 paragraph 3 (Minor Essential Revisions)
Provide denominator for number of subjects. i.e. 94/264 subjects responded (36%)

Delete statement regarding statistically significant associations between medication usage and moderate to severe pain as this is misleading. (further explained below)

Page 4 paragraph 2 (Discretionary Revisions)
For the statement ‘It is a type of fracture which occurs more frequently than any other…..’
I would suggest you reference the original article in which this statement was made rather than reference #6

Page 5 paragraph 1 (Minor Essential Revisions)
Reference #8 (MacDermid et al) refers to a Canadian study. I would change the last sentence to ‘….based on a Canadian cohort study…’ if this is the one you are referring to. Also change other references to a US study when referring to the work by MacDermid et al.

Page 5 paragraph 2 (Discretionary Revisions)
‘Potentially meaning the difference……..social care’. This is a fragment, I would consider revising

Page 5 paragraph 2, last sentence (Minor Essential Revisions)
This study is not focusing on long term pain and disability, rather 1 year pain and disability. This should be clarified.

Page 6 paragraph 1 (Minor Essential Revisions)
QMC – please write in full, particularly the first time an abbreviation is used
‘confirmed via x-ray’ – who confirmed this? Was it really re-confirmed in your study considering there were 2 cases identified in the database which actually never had a fracture? It is not clear whether these x-rays were re-reviewed by your authors.

Page 6 paragraph 2, last sentence (Discretionary Revisions)
I would change ‘what’ to the………..”these were scrutinized to identify the type of fracture they had experienced and the management they had received”

Page 6 paragraph 3 (Major Compulsory Revisions)
Medication usage is only demographic information if it includes the medications they were using prior to their fracture and not those used as a consequence of the fracture (i.e. pain medications). This needs to be clarified.

Page 8 paragraph 2 (Major Compulsory Revisions)
associations between demographics and pain/disability
No mention of odds ratio which was used extensively in the analysis. Please elaborate on this choice of statistical analysis and why the mean scores were not compared (i.e. mean DASH in women vs men)

Why were there insufficient cases for analysis of the effect of hand dominance? It seems you had this data

Page 8 paragraph 3 (Minor Compulsory Revisions)
‘trebled’? I suspect this should be changed to tripled

Page 9 paragraph 1 (Minor Compulsory Revisions)
Also state the actual length of follow-up for each case. i.e. were all assessed at 1 year, some 18months? 2 years? This needs to be clarified and may affect reports of pain and disability as those with longer follow-up likely have better results as we expect pain and disability to decrease with time.

Page 9 paragraph 2 (Major Compulsory Revisions)
Were respondents similar to non-respondents for gender. The p reported is <0.001 suggesting there was a significant difference in gender between the two groups. Please clarify

Page 10 paragraph 2 (Major Compulsory Revisions)
Treatment groups do not add up to 100%, please explain the missing cases (41 + 32 + 21= 94)

Page 10 paragraph 3 (Discretionary Revisions)
Please provide numbers in addition to %’s for these figures

Page 11 paragraph 3 (Major Compulsory Revisions)
Is there any relation to fracture severity and age? Could the disability seen be
due to higher prevalence of malunion? Please comment

Page 13 paragraph 2 (Minor Compulsory Revisions)
In the abstract you conclude that ‘a small proportion’ are still suffering moderate to severe pain, yet here you say a ‘substantial proportion are suffering moderate to severe pain at one year’ I would agree with the statement in the abstract, in that 15% represents a small proportion rather than a substantial one.

Page 15 paragraph 1 (Major Compulsory Revisions)
The issue of medication use needs clarification. If you are excluding pain medications and considering medication usage as a reflection of other medical comobidities this should be stated, and in that case, could be considered a demographic feature. Otherwise, the need for medication is not a demographic feature but more likely a consequence of injury severity. It is not a ‘predictor’ of poor outcome but more likely a consequence of poor outcome. i.e. those with more pain and disability require more pain medications.

Page 18 paragraph 1 (Major Compulsory Revisions)
I do not think medication is ‘associated’ with poor outcome, it is a result of poor outcome. As above, this needs to be clarified.

1. Is the question posed by the authors well defined?
   • yes

2. Are the methods appropriate and well described?
   • Yes, but require minimal revisions

3. Are the data sound?
   • Yes, although responder rates are low

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
   • yes

5. Are the discussion and conclusions well balanced and adequately supported by the data?
   • Yes – except use of medications,

6. Are limitations of the work clearly stated?
   • yes

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
   • yes

8. Do the title and abstract accurately convey what has been found?
• yes

9. Is the writing acceptable?
• yes

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

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