Reviewer’s report

Title: Prevalence of distressing symptoms in hospitalised patients on medical wards. A cross-sectional study.

Version: 1 Date: 9 July 2008

Reviewer: Amy Abernethy

Reviewer’s report:

Thank you for the opportunity to review this manuscript. It is an efficient paper seeking to estimate cross-sectional prevalence of symptoms in a hospital in Norway with a focus on patients requiring palliative care. This manuscript might ultimately be able to be published, however it will first need some major compulsory revisions in order to deal with the items below.

I gather that the main purpose of this research project and manuscript is to highlight palliative care needs of non-cancer patients on general hospital wards in Norway, with a goal to speak to local healthcare funders (who control the purse for service development and provision) and also to determine what kinds of differentiated services this hospital’s palliative care program needs to develop in the context of this particular hospital as a whole. This is a more interesting and novel aim than trying to describe what symptoms that palliative care patients experience – which has been done over and over again, with little difference from the information presented here. Hence to reframe this study a bit towards the authors’ important and novel intentions, and to highlight the interesting data, I suggest the following:

1) Describe the whole population studied versus the palliative care population:
   a. Table 1 should have the whole population receiving ESAS (N=222) with columns breaking out and comparing the palliative and non-palliative groups, and included versus excluded patients; also, all tables should provide numbers and percentages, and the table should be realigned to help the reader understand main topic versus subtopics since it is currently hard to read.
   b. Compare symptoms between palliative and non-palliative patients. Figure 2 needs to be redrawn, and there are lots of ways to present this. Personally, I would like to know, for example, how does the proportion of folks who indicate “lack of wellbeing” differ between the population with palliative and non-palliative needs.

2) Describe the problems in the context of cancer versus non-cancer illness:
   a. How do palliative cancer patients differ from non-cancer patients?
   b. How do non-palliative cancer patients differ from non-cancer patients?
   c. Are there specific non-cancer subtypes that deserve special investigation (I presume heart disease and COPD based upon the prevalence numbers presented in the manuscript.)?
3) Describe how these findings are going to influence the growth of services in this Norway hospital, and what those implications are for other hospitals in Norway and abroad:

a. Do you need more palliative care providers experienced in non-cancer care?

b. What are the generalizability of these findings outside of the Internal Medicine services? Surgical services? Neurology? ICU?

c. Are you missing the wrong kinds of symptomatologists?

d. What are you missing in terms of understanding needs outside of symptoms (e.g. spiritual care), and is the anticipated to be different for palliative vs non-palliative or cancer vs non-cancer patients?

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

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests