Reviewer's report

Title: A primary care, multi-disciplinary disease management program for opioid-treated patients with chronic non-cancer pain and a high burden of psychiatric co-morbidity

Version: 2 Date: 25 November 2004

Reviewer: Andrew Cook

Reviewer's report:

General

The authors have addressed many of the issues raised and the overall manuscript is improved.

Remaining issues (referenced by item numbers from initial review and authors’ response)

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

1. The title is more reflective of the study. The same general issue (ie, clarification of the specific patient sample under study) needs to be addressed in other parts of the manuscript, including the conclusion section of the abstract (p.3), last paragraph of introduction (pp.4-5), and the discussion (paragraph 1, p.13).

2. Table 6 is useful and provides important data. It should be referenced in the 1st paragraph of the results section (p.10). Although the substance misusers are of primary concern, it would be appropriate to include data on all lost subjects (n=22). The data suggest that a significant proportion of the target population (opioid-treated pain pts with psychiatric comorbidity) were not effectively managed by this type of program. This needs to be clearly addressed in the discussion.

3. The noted limitation on possible overestimation of treatment effect is important to interpretation and should be mentioned in paragraph 3 of the discussion.

4.(a) This limitation and the authors’ response (including availability of algorithms) should be noted in the discussion.
(b) Based on the authors’ response, it is unclear in the manuscript why a committee was needed to apply the “relatively unambiguous definition …which we applied prospectively and uniformly to all participants”

7. (a) The authors make valid points in their response but the important issue of how these results impact on efficacy of the program remains unanswered in the manuscript. Some form of tempering is needed when discussing efficacy. E.g., (p.3, line 2): “Substance misuse and depression were common with a high rate of treatment dropouts (27%), suggesting the need to modify or expand the disease management program to address these important patient management issues”. (p. 15, line 13) “…without eschewing the benefits of opioid medications, though high rates of misuse in our program remain a concern”.
(b) Though clinicians typically have no direct control of this migration outside of their practices, it is an important part of the problem and of effective disease management. Some discussion of how to
better address this challenging subgroup of pts is warranted since they are part of the study’s target population.

8. The multiple outcomes are related measures of the treatment program and are presented and evaluated as such. Some type of overall alpha correction is needed, or at minimum a statement in the results section of why the much more liberal per-comparison rates were used. Clearly it cannot be argued that the 4 tests of pain measures (or 3 tests of CESD scores) in table 3 are independent.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

11. How were other psychiatric conditions referenced in this paragraph diagnosed?

Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

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

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests