Reviewer's report

Title: Patient Involvement in Medical Decision-Making and Pain among Elders: Physician or Patient-Driven?

Version: 1 Date: 20 October 2004

Reviewer: Pekka Mäntyselkä

Reviewer's report:

General
1. This article is about elderly pain patients in ambulatory care, a very important area of research. The research question (does better patient involvement result in better outcome of pain treatment?) is clinically relevant. The response rate is moderate.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
2. References are numbered inside the text but in reference list references are in alphabetical order in the manuscript version I received. Thus, it was not possible to evaluate properly relevancy of references. This must be corrected.
3. Why pain evaluation was not included in waves 1 and 2. Evaluation of pain seems to be based only on data recorded in wave 3, however, in wave 1 some health status data were recorded. In measuring pain frequency, "often troubled with pain" may be too indefinite. It may mean continuously, every day, several times a week, once a week etc. Is it possible that this constitute a problem in assessing pain severity?
4. The questions concerning physician-driven participation and patient-driven participation seem to adequate. Are these measurement validated?
5. Could it be possible that there is some collinearity between the covariates used in logistic regression analysis? Did authors have a statistician? If not, I think that this manuscript should be seen by an expert statistician.
6. In the beginning of discussion it is said that "patient-driven participation in decision-making reduces the odds of having frequent pain and having a personal doctor reduce the odds of having severe pain". In general, this sounds reasonable. However, is this conclusion justified based just on the results of this study? However, the association between patient-driven participation index and frequent pain was not very strong. In the page 13, the authors write that "because the study was cross-sectional in design, it is impossible to infer any causal relationships. In fact, it is possible that the delirious effect of pain on older persons' psychological and physical functioning causes them to reduce their participation in care". Authors could state more clearly that this study does not indicate any causal relationship between perceived pain and patient involvement. They should consider also other interactions related to association between frequent pain and patient involvement in decision-making. Though educational level was not associated with perceived pain in this study (Table 3) the authors could discuss more about possible interaction between education, pain and patient-involvement in decision-making. In general, less educated people have chronic pain more commonly compared to persons with higher educational level. It is evident, that people with higher educational level have better socioeconomic status, have better health insurances, seek care more actively, they receive better care, and as well, they participate in decision-making more often than those with low educational level.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
7. In methods, the second line: "...in a 108-county region..." In abstract it is 111-county region.
8. What is Dx with arthritis (Tables 1 and 3)?

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: Yes

Declaration of competing interests:

None below.