Reviewer's report

Title: Predictors of Opioid Misuse in Patients with Chronic Pain: A Prospective Cohort Study

Version: Date: 24 February 2006

Reviewer: James Zacny

Reviewer's report:

General
The authors have presented a much better manuscript and have addressed most of my concerns. I think we will have to “agree to disagree” on the logic as well as the authors’ definition of opioid misuse. I disagree with urines testing positive for cocaine and amphetamines as part of the authors’ definition of opioid misuse. The authors are being inconsistent in their rationale: they argue it should be considered a measure of opioid misuse because in the contract it states that patients should not be taking illicit drugs while they are on opioid therapy. Yet, if a patient tested positive for marijuana (Schedule I drug, DEA, CSA), this was NOT considered a measure of opioid misuse. Instead urines testing positive for cannabinoids were predictors of opioid misuse. Further I do not understand the authors’ statement that “…concurrent use of cocaine and amphetamines (with opioids) is thought to increase the risk of diversion in order to procure additional stimulants.” (p. 7) Who thinks this — can a reference be provided?

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

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

Abstract: line 20: delete the word “a”

p. 11, line 11: all other differences between non-misusers and misusers are given p values. What is the p value for cannabinoids?

p. 12, lines 20-26: very nice and succinct paragraph

p. 13: the authors appear to be talking about substance abuse in this paragraph although some data specifically address opioid misuse, but I would add the word “substance” in line 2 to set the tone for the rest of the paragraph.

p. 14, line 20: are the authors referring to a contract (or medication agreement) that defines misuse and grounds for sanctions as “this pragmatic approach…”? I agree with them if that is what they mean, and ask them just to be more explicit.

p. 16, line 3: ref. 53 does not refer to only opioid misuse but also alcohol and sedative dependence.

Table 1, 3, and 5 lists “% History of Alcohol Abuse” and Table 6 lists “% History of Ethanol Abuse.” Please choose one or the other term for the substance. Similarly Tables 1 and 3 list “Multiple Drug Convictions,” and Table 6 lists “Multidrug Convictions.”

Discretionary Revisions (which the author can choose to ignore)
P. 7, line 17: the authors and I both worry about nomenclature of words surrounding the issue of misuse/abuse/addiction. Therefore I wonder if the term “serious misuse” muddies up the water by implying there are gradations of misuse.

P. 8, line 17: I hope in the future if the authors conduct similar studies that they will extend their questioning of using non-prescribed or illicit drugs to heroin and benzodiazepines.

p. 16, lines 10-11: I agree with the authors but I believe some studies have been done. I would ask the authors to consider integrating their findings with the extant literature. For example their findings seem to be quite consistent with Michna et al. 2004. Also Passik and colleagues and Russ Portenoy have discussed potential aberrant behaviors and I believe have categorized them as more or less likely to be strong predictors.

What next?: Accept after minor essential revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests.