Reviewer’s report

Title: The expenditure of time using clinical decision support systems in chronic pain therapy

Version: 3 Date: 18 May 2015

Reviewer: Ruth Zaslansky

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Minor Essential Revisions

The authors of this study have carried out what they set out to do, namely, compare the time it might take a physician to assess adverse drug reactions when a patient is prescribed multiple medications using one of three CDSSes.

Other than assessing time, there are clearly many more issues that need to be taken into account before a CDSS can be used in the clinical routine. The authors added a preliminary, qualitative assessment of these additional factors by asking 5 pain physicians from one medical center to evaluate the three CDSSes. The authors address these issues in the manuscript but have not incorporated them into the abstract. They point that more work needs to be done before CDSSes can be used in the clinical routine. Again this is not reflected in the abstract or the conclusion to the manuscript.

I do not agree that an additional mean of 2.09 minutes per patient – extending the average clinical encounter by 25% - due to use of a CDSS is a ‘small expenditure of time’ when patients are seen, according to the authors, for a total of an average of 8 minutes. Since readers focus initially, if not only, on the abstract, the abstract should reflect the contents of the paper more accurately.

I see the potential benefit of using a CDSS but the author’s statement in the conclusion that CDSS should be used on a routine basis in the clinical routine is still premature in light of the technical issues that still need to be addressed.

(1) Spelling mistake in the Conclusion

'There are many reports that show that CDSSs are INDUBITABLY of relevance in preventing DDIs and their consequences.'

I assume the authors intended to write 'UNDOUBTEDLY.

(2) Page 7 - In the paragraph evaluating the CDSS AU, the authors use the term 'medical laymen'.

This seems to be a contradiction in terms – one can either be a professional (=medical) or a layperson person.
(3) Page 7 - and TO many irrelevant drug-drug interactions are highlighted
Should be ‘too’

(4) The English in the new sections that were added should be edited; it is not idiomatic.

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

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.