Author’s response to reviews

Title: Cross-cultural adaptation of the Pain Medication Questionnaire for use in Brazil

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1. Page 5, line 52: How were these cutoffs determined or validated?

The simplest way to recalculate cutoffs based on the normative scores in this dataset is to use the mean (average) score and the standard deviation (measure of spread). It is suggested that a five-point scale of overall risk be used in place of a three-point scale, as this provides a greater range and therefore more accuracy. By this method, respondents are classified as very low, low, average, high, or very high risk. However, if desired, a three-level classification could be constructed by taking a midpoint between the very low/low and high/very high categories.

The following calculations were used to identify the cutoffs points: very low: mean score – 1.5 x standard deviation; low: mean score - 0.75 x standard deviation; high: mean score + 0.75 x standard deviation; very high: mean score + 1.5 x standard deviation, as per original article.

2. Page 18, line 16: There was a significant difference in the PMQ score between medium risk and very low/low and very high risk (Table 6). "-this information is not provided in Table 6?

The table is self explanatory, shows the difference between the percentages
3. Page 19, line 11: You should not infer the presence of psychiatric disorders on the basis of responses to several items in the PMQ.

The results of the clinical questionnaire showed behavioral changes related to mood disorders in a large number of patients with sickle cell anemia, demonstrating correlation with opioid dependence [34]. The literature reports that depression in clinical populations was diagnosed in 5 to 10% of outpatients and 9 to 16% of hospitalized individuals [35]. Mood disorders in patients with sickle cell anemia have been related to the chronic nature of the disease, unpredictable crises, physical changes, delayed sexual maturation and restrictions imposed by treatment [36-38].

4. Page 19, line 31: Early refills and increased doses are more likely related to the unpredictability of episodes of acute on chronic pain rather than non-compliance.

5. Page 19, lines 33-37: Please be more specific about what you mean by "altered thinking processes" and how those are related to opioid usage.

Answering items 4 e 5: The results of this study showed that participants often asked their doctors for a new prescription when the medication ends earlier than expected or take medication loans from family or friends, corroborating the study [39]. Pre-prescription refills or increased doses may be much more related to the unpredictability of episodes of chronic and acute pain than to nonconformities [14-17, 40]. Opioid consumption in the study population demonstrated obsessive thinking processes and concentration problems [41,42], and that the sensation and perception of pain was different in each individual [43].

6. Page 19, line 59: Relationships between opioid abuse and insomnia are not obvious, and likely confounded by co-occurrence of chronic pain.

Moreover, insomnia in some patients was related to opioid abuse, probably due to the recurrence of chronic pain in this population [49, 50].