Author's response to reviews

Title: Persistence of primary care consultations for non-specific physical symptoms in children: a cohort study

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Author's response to reviews: see over
Dear Dr Morawska,

Re: MS: 7960895013125837 (transferred from BMC Medicine)

We are pleased to hear about your offer to consider our paper for publication in BMC Family Practice, subject to minor revisions. We would like to thank you and the reviewers for their comments and suggestions.

Please find attached a revised version of our manuscript “Persistence of primary care consultations for non-specific physical symptoms in children: a cohort study”. In the following pages are our point-by-point responses to “reviewer 1” comments.

We hope that the revisions in the manuscript are sufficient to address the issues raised.

Yours sincerely,

Kate Dunn

Dr Kate M Dunn
Professor of Epidemiology
Reviewer 1 Comments

Essential minor revisions

1. Abstract
   **Comment #4:** “Evidence suggests that parental health and consulting behavior is related to the child....” Is not really clear. Meaning? What kind of relationships?
   **Response:** Thanks for this comment. We have now replaced this with “Research evidence suggests a positive relationship between health and consulting behavior of parents and their children, but research on whether persistence of physician consultations for NSPS in children is influenced by parental consultations for NSPS is lacking.” (See page 2, lines 24-25).

2. Results
   **Comment #9:** “It is not conventional to commence a sentence with a numeral.”
   **Response:** Apologies, you are correct. We have now revised this sentence “We included 1437 child-mother pairs.” (See page 11, line 196).

Discretionary revisions

1. Abstract
   **Comment #5:** The use of “persistent” in the abstract and text generally to me doesn’t seem quite to fit the finding that the median number of consultations for NSPS in the 2 year period was 2 (range 1-12). One dictionary definition was “continuing to exist or occur over a prolonged period” which might be OK, but the list of synonyms suggested that persistent should describe greater frequency. This is only a small point of English but has importance related to it’s wide use in the paper. I wondered if “repeated” might be better, but would not be insistent. Perhaps editorial consideration might be helpful.
   **Response:** Thank you. These consultations were for NSPS. The occurrence of symptoms over time can be described as recurrent or persistent, but not repeated. So, we prefer to use “persistent consultations” which is likely to indicate persistence/recurrence of NSPS.

2. Background
   **Comment #6:** Citations related to epidemiological studies in families and causal influences could helpfully include Kröner-Herwig B1, Gassmann J, van Gessel H, Vath N. Multiple pains in children and adolescents: a risk factor analysis in a longitudinal study. J Pediatr Psychol. 2011 May;36(4):420-32. Studies have been recently emerging with evidence for common heritability of non-specific and chronic pain disorders, but the authors limited statements about genetic influences is the reality of the current situation.
   **Response:** We have now cited Kröner-Herwig’s paper (see page 4, line 65).

   **Comment #7:** The importance of the sequelae and prognosis of the nonspecific pain disorders of childhood was shown by Coenders A, Chapman C, Jaaniste T, Qiu W, Anderson D, Glogauer M, Goodison-Farnsworth E, McCormick M, Champion D. In search of risk factors for chronic pain in adolescents: a case-control study of childhood and parental associations. J Pain Res 2014; Mar 27; 7: 175-183.
   **Response:** Thanks for this comment. We have now added the following sentence to the background section “Additionally, a recent study reported an association between parental
history of functional pain syndromes, such as migraine and recurrent abdominal pain, and chronic pain in their children. (See page 4, 71-73).

3. Results

Comment #10: The repetition of results (Analysis data) in the text when also in the table is often considered not needed. Editorial comment on that would be helpful.
Response: We have only reported the key odds ratios within the text, and we believe that this is helpful for the reader.

4. Discussion

Comment #11: The comments made about genetics and prognosis could be equally or more relevant here.
Response: We have now addressed this (see our responses on comments #6 & #7).

Comment #12: “Such research may shed light on effective management strategies to prevent persistent and frequent consultations for NSPS in children” could be misconstrued as suggesting that preventing consultations is the main objective. I know what the authors mean, but perhaps this sentence could be better expressed.
Response: We agree with this. We have replaced that sentence with “Such research may shed light on effective management strategies to reduce the frequency and the number of consultations for NSPS in children.” (See page 18, lines 346-348).