Author’s response to reviews

Title: A geriatric assessment in general practice: prevalence, location, impact and doctor-patient perceptions of pain

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Reply to the Reviewers’ reports

Associated editor's comment:

Dear authors,

The article is interesting and could be published if you will take into account the reviewers' comments, particularly those of the reviewer no. 1. I agree with this reviewer that the manuscript is hard to read and the text needs to be rewritten to get a message across.

Reviewer #1:

Title: Sites and conditions of pain identified in general practice geriatric assessment

The title needs to be changed why not something like in the abstract: A geriatric assessment in GP: prevalence, location, impact and doctor-patient perceptions of pain?

We changed the title according to your suggestion. We agree that the alternative title refers more to the content of the manuscript.
Abstract: Background is different than in the manuscript? That goes for the whole abstract which I find is more to the point and clearer when it comes to aim and results than the main manuscript.

We substantially shortened the Background section, in order to increase the clarity of the manuscript and the comparability with the abstract. The last three lines in the background give the rationale and the aim of the study.

Background: this could preferably be shortened it gets somewhat repetitive (see part 1 and 2 lines 3-40 and 46-56 and p 5 137-45)

We have moved the background information regarding the geriatric assessment and STEP to a single place, which is the first part of the methods section.

We also restructured the method part for more clarity.

It was: study design – recruitment – geriatric assessment, choice of variables and documentation of pain – rating of health priorities- statistical analysis.

It is changed to: The main project – participating GPs and patients – geriatric assessment “STEP” and rating of health priorities – data used for the present study – statistical analysis of the present study.

P5 127 please write out STEP
Done.

L 56 what does PrädCheck study stand for?

We included one sentence concerning the purpose of the PrädCheck projekt.

L 37 it is not clear why this study is undertaken? What is the goal- the aim? Only to describe pain location? How did you define pain?

As we have rewritten the Background section, we hope that the last paragraph clarifies the purpose and aim of the study.
The definition of pain was derived from the General Health Survey, referring to any kind of pain in general being present in the last 4 weeks. We specified location and intensity. (See methods, section: Choice of variables for the present study and documentation of pain)

P 6 l7-12: please forward to the above and write out the name of the project in whole the first time you mention it in the text.

Done.

P7 l7: since präfcheck seems to be a key method it is necessary with a more precise description. The randomization process?

We intended to give a brief overview of PrädCheck at the beginning of the Methods section. We added two of our references in which the study design, e.g. the randomization process, can be followed in more detail. Randomization was done by block randomization. Each practice that was willing to participate went into block randomization of four in a consecutive manner. The date and time of the written consent was used.

P8 l1-7 it is a bit late this description! Move it forward in the text L 8 MOS meaning what?

We hope that by re-writing the Methods section this description has now adequately been placed. The acronym MOS has also been explained.

1 44 Basic ADL is in my world PADL = primary activities of daily living, and I do believe this is the most used acronym?

Basic activities of daily living is the term used in Germany. Using google as a search machine we had 97200 hits with the term “basic activities of daily living” compared to 3610 hits with “primary activities of daily living”. Therefore we thought we leave the badl although it is good to know that alternative terms exist.

What is meant with " a more general self evaluation? Do you mean interview?

„General self evaluation“ refers to the following item as part of the assessment: „Difficulty with usual activities, both inside and outside the house”, which we have now included. Reference: http://www.ph3c.org/PH3C/docs/27/000150/0000103.pdf
L57: why did you not use EQ-5? Instead of the Likert scale?

This item is the first item form the MOS SF-36. It is also known as the SF-1 as a single question. We have added a reference.

P 9 l 10-23: why did you not divide it for the patient as well? What was the rationale for that?

Pretests showed that for patients the differentiation of rating the importance of a problem for their every-day lives versus for medical care was difficult to understand; the division was somewhat theoretical form the. Therefore, we did not pursue this differentiation.

L 31 and downwards: could you describe he statistical procedure a bit more in detail? It is difficult to interpret what you did in this analysis.

We have now tried to explain it more clearly.

L 39 how did you arrive at the 3 most frequent sites?

As explained in the methods, the study nurses marked the area of pain on a sketch of the body. The location of pain as marked on the sketch of the body for each patient resulted in absolute numbers by counting frequencies for each location.

L 44 this sentence is difficult to follow?

We simplified the sentence.

P 10 describe the multivariate analysis under Statistical analysis…

We described the logistic regression mode in the methods section – statistical analysis in more detail.

L46: this underlines the importance of asking the patient the same questions as the MD… L 46 it is interesting what happens here!
We tested the importance questions for doctors and patients. Patients found it difficult to make a differentiation as regards health and daily life. Feedback from doctors showed that they have no apparent difficulties making the differentiation of importance for health care and importance for the patient. These are two different perspectives: the medical and the personal perspective.

P11 this first part of the discussion is more Results and I do not see any references to support or defy your statements?

This might be a misunderstanding. We did not intend to give an overview of the literature here, but to give an overview of the main results of our study. We agree that this section is a bit too long and can therefore easily be misunderstood. Therefore we shortened it.

L 41 and downwards to the next page: it is difficult to follow the argumentation here? Could you please clarify? What is your results compared to the ones you mention?

Thank you, we tried to rewrite the message.

Conclusion: ok

References: as far as I can see Ok

Tables 1-4: somehow the text and the tables live their own lifes…they should be linked together in a higher extent.

We find this somewhat difficult to do at this point. We altered one table and simplified the title of table 3.

Reviewer #2: I read the article about the sites and conditions of pain in a general practice geriatric assessment with great interest. The article is well and carefully written and understandable. The tile and abstract accurately convey the findings of the research. The research question is clear and adequately described in the text.

I have only some minor comments and suggestions for improvement as follows:
1. In the section "Background" I found the second paragraph more as a part of discussion or in a part talking about the reasons for the present research as the last paragraph of the background section.

We agree and decided to delete this paragraph (compare reviewer 1) as this aspect - different kinds of data collection and consequences - is not the main focus of the manuscript.

2. Please provide the explanation of the abbreviation when you mentioned it at the first time (STEP, BMI in discussion).

We now explained all acronyms when first mentioned in the main text.

3. In the first sentence of the section Recruitment of GPs and patients it is not clear, if all the invited GPs participated?

Later in the text you described that that two doctors dropped out? (2 out of 43)

Thank you for this comment. 43 GPs agreed to participate, but 2 of them dropped out during the study, resulting in a final number of 41 GPs. We rewrote this sentence and included the final number at the end of the paragraph.

Table 2: It seems to me that the number of sites with pain described in the table should be reduced to a few location (like hip, knee, abdomen, shoulder, cervical spine, lumbal spine) and made the table more clinically relevant.

In the submitted manuscript, we set the cut-off at 5% prevalence. We agree with the reviewer that these are quite a few sites. However, selecting a few from the presented ones is difficult to justify. We think that the exploration of sites, even if this produces unusual locations, may be an interesting finding in itself.

Table 3. Doesn't bring much to the conclusion and It would be better just to briefly explain the result of bivariate analysis in the text and present only the results of multiple logistic regression as in the table 4.

We thank the reviewer for this idea of an alternative presentation of results. Indeed, the results of the multivariate analysis are more relevant. However, it is common also to present bivariate
results, which makes each step of the analysis more transparent. Moreover, possibly relevant parameters are shown, even if not significant in the final step. Even if not each, but only the significant bivariate results were shown in text form, from our point of view the text would become less clear and even longer.

If this is nevertheless requested we will be able to provide the information in text form.

We want to thank both reviewers for their thorough review and helpful comments. We hope that the manuscript has now improved and will find acceptance.