Reviewer's report

Title: Patients' experiences of living with medically unexplained symptoms (MUS): A qualitative study.

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Reviewer: Aase Aamland

Reviewer's report:

Summary: This qualitative study explores patients’ experiences of living with MUS. The authors have filmed and analyzed 16 semi-structured interviews with patients suffering from MUS. They present four emerging themes in their findings: experiences and explanations of symptoms, coping and expectations about healthcare. The authors conclude that an effective strategy for GPs management of patients with MUS could be to film a consultation followed by analyzing this film in cooperation with the patient.

Main criticisms: There are some problems with the science and also some problems with the presentation, which I both will elaborate in my comments to the authors. Furthermore, I have some problems to see what this actual study adds to existing knowledge on this theme. Therefore, I would encourage the authors to strive for a more clear answer to the question: what does this study add? This could be done by some restructuring of the Discussion-part, I think.

Recommendations: This study has been conducted in a country where, as stated by the authors, family medicine is relative new, and it addresses a relevant and important topic for GPs worldwide. My opinion is that the manuscript could be relevant for publishing after a major revision, and I am willing to review a revision of this manuscript.

Comments to the authors

Major comments:

Overall, qualitative methods are appropriate to address the research questions being asked. However there are several methodological issues, which require clarification.
Reflexivity: The authors are almost "invisible" in the text and this is a major limitation, I think. A basic principle in qualitative research is to describe preconceptions as the research itself never can be "objective". What background and perspectives do the authors have? What were their preliminary hypotheses?

Choice of method: I would encourage the authors to describe their rationale by choosing video-filmed interviews. Filming is more intrusive for the participants than an individual interview, and the method chosen for analysis is based on transcripts and not non-verbal communications, is it not?

Theoretical frame: Again, "what kind of glasses" did the researchers wear during the analysis process is unclear. It does not seem like they have used an established theory to support their analysis. That is a limitation. What did they expect to find? What did they not expect to find? These conceptions will influence during the analysis process irrespectively of which method of analysis is being chosen.

Discussion of the method: This is the weakest part of this study, I think. First, as already mentioned, there is a lack of focus on reflexivity. Second, it is not correct to state that recruitment from more than one practice would have enhanced the external validity of this study: I am sure that the authors know that their choice of method never could cover all relevant patient-experiences from living with MUS irrespectively of N participants. Third, the last sentence does not give any meaning at all- it is not a limitation that some of the findings are consistent with previously studies on MUS! Fourth, there is a lack of discussion of internal validity.

Discussion of results: Needs to be re-structured. For me, the findings that the participants had realized that their symptoms were "psychological" are surprising. Also that they had visits psychologists or psychiatrists private. This should be further discussed as it opposes findings from others studies on patients with MUS. Furthermore, the finding that the participants seemed to avoid doctors contrasts the authors claims in the Background, namely that 25% of all consultations in general practice are about MUS. This need to be highlighted in some way. Either by the use of another reference about prevalence in PHC (which have operationalized MUS in a more chronic/disabling way) or by highlighting this contrast in their Discussion.
Minor comments:

Background:

1. I would suggest the authors to be consistent in referring to patients with MUS as in the first sentence throughout the whole manuscript, instead of mix the use of patients with MUS and MUS patients. This may seem pedantic, but for me the latter has some negative connotations /may be more stigmatizing.

2. The authors have operationalized patients with MUS in this way: diagnose F45 + at least six months timespan suffering from their symptoms. Is this correct? Isn’t so that according to ICD-10, the diagnosis F45 is used for symptoms that cause clinically significant distress or impairment in social, occupational, or other areas of functioning - and have lasted for several years? Or am I wrong?

3. Statement: There are no satisfactory scientific theories explaining the outbreak of such symptoms. Isn’t that misleading to claim? There are several theories that try to unexplain the unexplained symptoms.

4. Statement: MUS cause heavy financial burden. This is substantiated by the use of two references which I don’t think actually shows any costs of MUS. Need to be changed.

Methods

1. To diminish the selection bias all patients were asked to fill in 4 DSQ. Why? Those patients who scored low in all dimensions were excluded. What is the rationale for this?

2. A clarification is needed about the excluded patients. 20 were recruited, but 16 were filmed. What happened to the four remaining then? Did I understand it correct that one did not want to be filmed, and the other remaining three scored low on all dimensions of 4 DSQ? I am not sure.

3. I do not understand the rationale by describing that "three patients suffered from chronic conditions: …….". Does this mean that the rest (thirteen) did not suffer from any other comorbid illnesses or diseases? How was this information gathered?

4. It is only said that the interview questions were pilot tested, but how was this actual done?

5. I do not understand the following sentence: "After switching off the cameras most patients agreed that combining the interview and video-filming helped to understand better their medical problems". Does this mean that the participants found that the video filming itself had an additive effect? Why and how? Needs some clarification.
Results

1. I would suggest more stringence when it comes to the quantification. Personally, I find a few/many/most etc. better than the use of distinct number of participants.
2. The result in line 51: does not this belong more to the foregoing result about coping/awareness of their psychological origin?

Discussion

1. The use of references 16, 17 and 18 in the beginning of the discussion-part do not make sense as the authors there sum up findings from their study. I would recommend to omit these references here.
2. It may be confusing for readers with the new acronym MUPS in stead of MUS. In this research field, without any consensus on terminology, I think it is OK for the authors to claim that both reference 17 + 23 are about patients with MUS.
3. Statement: There are no studies on MUS patients’articulation of emotions. Is that true? Maybe this statement should be less bastard?
4. Statement: Our findings seem to prove that patients with MUS can be offered an audiovisual interview combined with a follow-up analysis with the GP to manage MUS. First, this is not proven by your study! Change wording. Second, the authors should use video-film instead of the new term audiovisual interview. Third, the authors should use patients with MUS instead of only MUS.

Abstract

Could review this more in detail in a potential second round of reviewing. By now, I have not focused on this in detail.
Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Unable to assess

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

No

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

Quality of written English
Please indicate the quality of language in the manuscript:

Needs some language corrections before being published

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