Reviewer's report

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

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Reviewer: Nadine Pohontsch

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

The authors report a qualitative interview study with video-filmed interviews with patients with medically unexplained symptoms (MUS). As there are many studies on the GPs' perspective on patients with MUS, but not so many studies on patient experiences this is an important subject. Either way, in the current form I feel the value of the study is not clear enough and the article would benefit from major revisions.

Title: As all patients interviewed were diagnosed with F45 (somatoform disorders), wouldn't it be more correct to state somatoform disorders in the title rather than MUS?

Language: I am no native speaker, but the English usage seems to be clumsy sometimes, for example in the guideline "How do you think what causes the symptoms?", and could benefit from English-language editing.

Abstract:

Background: As there is not much but some research on patients' experiences of living with MUS I am missing some information about that in the background section.

Methods: Please indicate number of male/female participants, patients being diagnosed with F45, information on the transcription process and that transcripts were analyzed by two researchers.

Conclusion: The conclusion section is to scarce. What are conclusions on necessary changes in health care provision, especially concerning the need (?) to consult psychologists on own expenses? Should GPs treat patients differently? What are your recommendations?

Main text background section:

The background section seems very scarce and a little bit superficial to me. The authors state that there are no satisfactory scientific theory explaining the origin of medically unexplained symptoms. As there are some really good theories about somatoform disorders, functional
symptom disorders and MUS it would be nice to read something about that, even if those approaches might not be definite. For example: Van den Bergh O, Witthöft M, Petersen S, Brown RJ. Symptoms and the body: Taking the inferential leap. Neurosci Biobehav Rev. 2017;74:185-203. and many more.

In reference to my comment on the title of the manuscript: I agree that MUS and somatoform disorders are related to each other, but MUS seem to include a greater variety and milder forms than somatoform disorders (F 45). Maybe this must be clarified/described in the background section.

The authors miss to describe already existing data on experiences of patients living with MUS (concerning the healthcare system and stigma). For example:


It might be true, that there are no studies with patients from Poland concerning the articles subject, but other studies (see above) could have informed the research. Concerning that the study aims are not really clear to me and need a little bit more explanation. How do the authors expect their findings to help the patients (or GPs)?

Main text methods section/design, setting and characteristics of the sample:

Some of my following comments are supported by the COREQ-Checklist (Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. Int J Qual Health Care. 2007;19(6):349-357.).

The authors state that they recruited a purposive sample of patients for the interviews. Concerning which variables was this sampling purposive? Are there any studies informing the patient selection process? What about old and oldest-old or retired patients which might have delivered very different accounts of living with MUS? Recruitment from one single general practice might have introduced a bias in the sample reflecting experiences from a selected patient group and only one special physician-patient-relationship.

If patients were diagnosed with F45, how come that some of them score so low on the somatization dimension of 4DSQ? The authors also described that patients scoring low on all dimensions (which is surprising being diagnosed with F45) were excluded from the study. Might scoring low on the 4DSQ mean that patients are coping well with their disorder despite having
it? Could this exclusion of patients scoring low on 4DSQ have introduced a bias or restricted the variation of findings? What was the cut-off for exclusion?

Getting the diagnosis of F45 is usually the end of a longer diagnostic and treatment process. Could the fact that all patients were diagnosed with F45 somehow have restricted the variation of the findings? As the authors state all patients having realized that their symptoms are psychological they all seem to be at the same stage of the treatment/diagnostic process. Experiences of living with MUS might differ greatly depending on the state of acceptance or insight the patients have reached.

Information about the interview setting are missing, where was the interview conducted (at the GP's practice, at the university, at the patients home?). Was the interviewer known to the patients before the interview? Is the interviewer the patients' GP? If so, how could that have introduced a bias into the material or been helpful? Please add some information about the interviewer.

Table 2: Descriptions of the 4DSQ-values should be moved from the headline to the legend.

Main text methods section/data analysis: Analysis was done by two researchers. This is a major advantage of the study.

Who transcribed the interviews? Quality control?

Please add information about the persons analyzing the interviews (profession) to help the readers understand your point of view on the data.

Who translated the citations?

Main text methods section/Results: I was irritated about the quantifications made in the results sections as this is very unusual for qualitative research. Importance is not derived from frequencies in qualitative research, which usually does not and cannot aim at representativeness, but on generalizability and maximizing the variation of accounts of the interviewed persons.

I do not understand what is meant by: "The change of the symptoms was related to the patients' rising awareness of their illness." What is meant by change in the symptoms? Intensity, duration, symptom quality, the symptoms itself?

Main text methods section/Discussion: This section would benefit from a short summary of the most important results and an explicit discussion of strengths and limitations of the study.

The possible biases should be discussed: recruiting patients from only one practice, recruiting patients in a later stage of the disorder (being already diagnosed), recruiting no older patients. If the interviewer should be the patients' GP possible effects on the data should be discussed.
Subtheme negative emotions: Some of the patients' account sound more like a description of the symptoms of an anxiety disorder, which might be due to the strong syndrome overlap (Löwe B, Spitzer RL, Williams JBW, Mussell M, Schellberg D, Kroenke K. Depression, anxiety and somatization in primary care: syndrome overlap and functional impairment. Gen Hosp Psychiatry. 2008;30:191-9.) Maybe this should be discussed too.

Expectations about health care: As the diagnosis of a somatoform disorder needs every somatic illness to be excluded and all patients were diagnosed with one of the somatoform disorders from chapter F45 it is not surprising that they no longer have expectation. What surprised me is the notion that they visit psychiatrists/psychologists privately. What is the reason for that? Is psychotherapy for somatoform disorders not reimbursed by the statutory health insurance in Poland? This might be information needed by the international reader.

The authors conclude from their interview experiences that patients should be offered audiovisual interviews with follow-up analysis with the GP as a strategy of MUS management. What are the expected effects on coping, experiences of living with MUS, health services use, symptom load, etc. and is there any other evidence to support that?

The authors state that their findings might not be "representative of all patients. This limitation is related to …". I do not understand how patients' consent to be interviewed under the condition of confidentiality and the representativeness (again this is not a quality criteria for qualitative research) of the results correlate with each other.

The authors also note that some of their findings are consistent with previously published studies on MUS. Mentioning those studies and discussing the results in the light of other studies findings would be very helpful here.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

No

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

Yes

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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