Reviewer's report

Title: Individuals' explanations for their persistent or recurrent low back pain: a cross-sectional survey

Version: 0 Date: 13 Aug 2017

Reviewer: Samantha Bunzli

Reviewer's report:

Thank you for the opportunity to review this manuscript. I have made comments below for the authors consideration:

Abstract:

I note that the abstract refers to the 4th discourse 'catastrophic', however this is different to how it appears in the findings.

I think it would be good to discuss best practice guidelines in the introduction - currently they are only referred to in the abstract.

Introduction:

Page 3 line 11 - I am unsure how this study provides insight into trajectories?

Page 3 line 59 - I would argue that the statement 'psychosocial understanding of pain is rarely reflected in the beliefs of clinicians' requires some tempering. I think there is evidence that clinicians may often articulate a psychosocial understanding of pain, but that this does not necessarily translate into their behaviour… Clinician's have widely reported reduced self-efficacy to target psychosocial factors - they know they should, but don't know how to. Managing patient expectations is a big part of this story too I think..

Page 4 line 19 - 'Insufficient knowledge about why people adopt or resist'… Can you please clarify who the 'people' refer to here? The clinicians as in proceeding paragraph? I find the statement that 'people adopt or resist consideration of pain beliefs' is unclear. All people who experience pain will inherently have some pain beliefs…
I think it would be useful to have some consideration in the introduction as to how the beliefs mentioned - recovery expectations, beliefs about the consequences of pain and control over pain - contribute to persistent pain. E.g. reference to a cognitive behavioural model such as the Fear Avoidance Model (you provide an example of how 'damage beliefs' can influence avoidance behaviour in the methodology)

Methods:

Page 5, 6 lines 50-10. I would suggest rephrasing this section - I don't believe that discourse analysis provides you with insight into how the language people use about their LBP influences what they do about it i.e. it cannot be assumed from the participants' answers that if they believe their pain is due to tissue damage they will behave in certain ways.

Page 6 lines 24 - I think it would be useful to have a clearer explanation of how discourse analysis was combined with content analysis.

Can you please give some indication of the richness of data obtained? Did many people give single - word answers? How were these managed?

Page 11 line 27 - Discourse 4. I wonder about this discourse - can we imagine that anyone would describe a positive relationship with their pain when asked the question: 'what do you think causes your pain?'.

I wonder about whether we can interpret a written comment as 'negative'. For example, if I play the devil's advocate, I would suggest that it not inconceivable that a patient might say - 'because of my scoliosis I may always have lower back pain - and this could increase as I get older', whilst having high acceptance and high self-efficacy to achieve valued life goals.

Page 14 line 20 - Can you please elaborate about how this study contributes new understandings of the trajectories of LBP?

Discussion:

I think it would be useful to reference bodies of work attempting to target pain beliefs e.g. Moseley explain pain; O'Sullivan cognitive functional therapy and discuss evidence that beliefs can change and biopsychosocial beliefs can lead to better outcomes.
Perhaps you could also discuss these findings in the context of previous qualitative studies that have explored aspects of beliefs about low back pain e.g. Darlow, B. International Journal of Osteopathic Medicine (2016) 20, 53e61, Bunzli et al. BMJ Open 2015, Lin et al. BMJ Open 2013

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.

Unable to assess

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

Yes

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

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Please indicate the quality of language in the manuscript:

Acceptable
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