Reviewer's report

Title: The impact of multimorbidity on foot health outcomes in podiatry patients with musculoskeletal foot pain: a prospective observational study

Version: 0 Date: 08 May 2019

Reviewer: Hylton Menz

Reviewer's report:

This is a very well written manuscript reporting the results of a well-conducted study on an important topic. I commend the authors for exploring an area which has not received sufficient research attention in the podiatry literature.

I only have a few issues for the authors to consider.

1. Foot pain prevalence citations: reference #2 is a systematic review which includes references 1, 3 and 4, so there's no need to cite them all.

2. Generalisability: the overall response rate was very low (8.65%). This is acknowledged by the authors as a key limitation of the study. However, it would also be helpful for readers (particularly those outside the UK) if the authors could provide some explanation as to what the criteria are for patients to be referred to 'podiatric biomechanics' clinics (as opposed to other types of NHS podiatry clinics) as this influences the sample denominator. In addition, are there any data that can be extracted from the TrackCare management system (eg. age, sex) that could provide insights as to how respondents differed to non-respondents?

3. Accuracy of self-report: can the authors provide any data on the accuracy of self-reported conditions using the Self-Administered Comorbidity Questionnaire? Previous studies of self-reported medical history checklists have found that they are reasonably accurate, except for some conditions such as arthritis [1, 2].

4. Definition of multimorbidity: there is some inconsistency the literature in relation to the definition of multimorbidity (see: [3]). The authors have used 2 or more conditions, which is consistent with the WHO definition (World Report on Ageing and Health, 2015). It would
helpful to state this, but also to mention in the discussion that the application of different definitions of multimorbidity will influence study findings.

5. Total number of conditions: it would be helpful for the authors to report the median and range of total conditions in the sample rather than just the percentages in each of the three groups.

6. Adjustment for confounders: the paper reports comparisons in FHSQ scores between the three groups (Table 5), however the data presented in Table 1 suggests that age and BMI are positively associated with the number of conditions. Would the authors consider age and BMI (and possibly sex) to be confounders of the association between multimorbidity and FHSQ scores? If so, should these comparisons be adjusted?

References:


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