Author’s response to reviews

Title: Risk Factors for Addiction Among Patients Receiving Prescribed Opioids: A Systematic Review Protocol

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Reviewer #1:

In the inclusion criteria of the studies, why have you excluded the longitudinal studies?

Thank you for pointing out this oversight. The suggested change has been made (Methods, p. 8).

Reviewer #3:

While I had, unfortunately, not the time to read the whole manuscript again I went through the authors’ replies to the comments I had raised in the first round, and checked how they have been addressed in the text. I have the impression that the authors have addressed most of the comments adequately, apart from a small number of minor issues listed below.

Moreover, I would like to note that my assessment of the level of interest of the paper refers to the review protocol, and not to the forthcoming review, which will certainly be of great interest for practitioners in the field.
General issues:

In your answer to one of the comments you explain that "Our focus is on non-chronic pain, and the initiation of opioids in patients presenting with sudden severe pain." It is, of course, fine to focus on this specific topic, but this should be made clear in the abstract and, preferably, also the title of the manuscript. Currently this focus can only be inferred indirectly from the discussion in the background section, but it is not explicitly stated. Opioid addiction is, of course, a severe problem among chronic pain patients, too, so it should be made very clear right at the beginning - preferably in the title - that this is not what your review is about.

Thank you for your feedback. We chose to broaden our search to include evidence about risk factors for the development of opioid addictions among all patients exposed to prescribed opioids. While our focus is on opioid-naïve patients, we are not limiting our data collection to this population to minimize the potential of excluding studies that may not have screened for opioid-naïve status. The inclusion of both chronic pain and opioid-naïve patients will also allow us to make comparisons between these populations. Because of this approach, we feel a more inclusive title is appropriate.

Page 2: "Developing primary prevention strategies aimed at reducing the risk of developing addiction among opioid-naïve patients who are exposed to prescribed opioids during the process of medical care may be an important primary prevention strategy." This is circular argument. ("Primary prevention strategies … are an important primary prevention strategy.") Please revise.

We have corrected this error in the Abstract (p.2).

Page 4, line 11: There is a typo ("mental health comorbidities health illness,"). Please correct.

We have corrected this error in the Introduction (p.4).

Page 6: "We will exclude studies in which all included patients were first exposed to illicit opioids, were prescribed opioids for cancer pain, or were palliative, and the latter patient populations are unique, and withholding analgesia from them is deemed unethical." Do the last two arguments refer to palliative patients, or to cancer patients, or to both? I suppose that these two statements are meant to justify the exclusion of these two patient groups. You could make this clearer by choosing a wording like. "We exclude palliative and cancer patients as these patient groups are considered .. …. etc." Moreover, the argument that these patients are "unique" is a bit vague, you may want to state explicitly in which regard they are unique. (You do so in your reply to my comment; you may want to add some more explanation to the text, too.)

We have taken your suggestion and clarified this exclusion criterion in our text (p.6).