Reviewer’s report

Title: Memory of pain in adults. A protocol for systematic review and meta-analysis

Version: 1  Date: 08 May 2019

Reviewer: Victoria Madden

Reviewer's report:

Thank you for the opportunity to review this revised manuscript that I believe to be suitable for publication (subject to minor changes), and I thank the authors for their responses to my and the other reviewers' previous comments. I think there are still a few concerns to be addressed, but I would be happy to allow the editor to approve these - at the editor's discretion, of course.

1. I see that the other reviewer pointed out that 'type of pain' had not been clearly operationalised, and you have addressed this by operationalising it by duration and origin - i.e. acute clinical pain, chronic clinical pain and experimental pain. However, the sentence starting in line 39 of page 3 now no longer makes sense, because practitioners would typically classify pain as acute or chronic based on its duration - i.e. the 'type of pain' would depend on the time since onset. Incidentally, the phrasing also doesn't quite make sense - 'time that has passed since the painful experience' suggests the painful experience has ended, which is rarely the case when a patient presents for clinical help.

2. Unfortunately, in the process of revision, several writing errors have emerged, so I would suggest that this manuscript is carefully read and corrected by a first-language English speaker with good grammatical knowledge. Examples of this include: [abstract] 'medical decisions taken both by patients and health-care professionals' (incorrect placement of 'both'), 'recollection of pain can either be accurate, overestimated or underestimated' (inappropriate use of 'either' for three - rather than two - terms); [page 3-4] 'the results of the studies differing in terms of recall delay and type of pain could be compared systematically in order to elucidate their effect on the memory of pain'(implies that the studies have the effect on the memory of pain); [page 4] 'Previous studies showed that chronic pain can be overestimated [16, 25], while acute pain can be either overestimated [19, 26-28] or underestimated [22-24, 29].' (presumably this should be 'is' rather than 'can be', because of course chronic pain can also be underestimated).

3. The authors have explained that they plan to review the contents of selected journals not manually, but using an electronic search strategy. However, they also specified, in the response to Reviewer #3, that this would naturally be limited to the online listings of these journals. I would anticipate the online listings of the journals' own websites to
reflect the online listings within the major databases, such as Medline or PubMed. If this is not the case, then this step is worth including; if it merely produces duplicates then it could be omitted. Also, the text should clearly explain that the search will be electronic, not manual.

4. Page 9, lines 41-45: This explanation of the second and third types of pain implies that only pain attributed to these causes will be considered relevant to the review. I suggest rephrasing this. In some cases of clinical pain, no clear cause can be identified.

5. Page 9, line 43 - Caesarian section is a type of surgery.

6. Page 14, line 30 - why would you include studies in which the 'quantitative dimension' differed for the comparison and outcomes? Surely using these data would skew the findings? I would suggest excluding such studies altogether, as they share problems with studies in which a different qualitative dimension (intensity vs unpleasantness) was assessed.

7. Page 15 - relevance to clinical practice. I would recommend exercising caution when linking the findings of this review to recommendations for clinical practice. Presumably the idea would be to provide guidance to clinicians on how to interpret their patients' pain reports, but such guidance could be severely misguided because this review will handle only group data, not individual data, and individuals may vary considerably in how they recall pain. An individual patient data meta-analysis would be a more suitable basis for such recommendations. This comment may be more relevant for the discussion of your actual review manuscript than for the protocol.

8. Modified Downs and Black checklist (Table 2):

Question 5 - please consider specifying what characteristics will be relevant to this decision. Presumably you would not give 'points' for characteristics that are irrelevant to your review question.

Question 4 or 8 - I would suggest substituting some consideration of context for one of these questions. For example, if the comparator (actual pain rating) is obtained in a very different setting to the outcome (recalled pain rating) (e.g. post-operative recovery room vs home visit), one might expect a difference.

Question 13 - I suggest omitting question 13 for experimental studies - or the experimental studies will have a better score than the clinical studies, by default. However, perhaps this question ought to be omitted altogether, considering you are not considering an intervention.
Question 14 - again, this question refers to an intervention, so the relevance to your question needs to be explained.

Question 16 - if results were due to 'data dredging' and the authors declared that, surely that would still not reduce the risk of bias associated with such dredging? Yet, the planned score allocation is 1.

Other - You provided a rationale for omitting a score for the consistency of instructions given to participants from this checklist, but I am unable to agree with your reasoning. That most authors have failed to report the instructions given does not render the instructions irrelevant to risk of bias. In fact, the results of your review could be influenced by different instructions, but you would be unable to identify the risk of that bias in your findings if you choose not to make provision for this possibility in your risk of bias assessment. In addition, systematic reviews can be a driver for improved study methodology and reporting, and if you were to point out that authors should be reporting the instructions in detail, some may start to do so and thus improve the quality of research in the field. I think the same applies to your reasoning for not planning to account for other factors that are known to influence memory of pain - e.g. pain at the time of recall: these factors are expected to skew results, but you are effectively planning to ignore them. I understand that you anticipate not having enough information to conduct a sensitivity analysis, but I think your risk of bias assessment should explicitly account for them.

Level of interest
Please indicate how interesting you found the manuscript:

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No