Author’s response to reviews

Title: Patients with chronic Pain: Evaluating Depression and their Quality of Life in a single center study in Greece

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Author’s response to reviews:

Dear Dr Shankar thank you for your comments. I have studied all of them and I have made the requested corrections. All changes in the text are indicated by highlighting as you wish.

Please note, that I have made a request to add in the names of authors our biostatician Dr Chara Tzavara

Best wishes,

Rapti Ecaterini

Technical Comments:

Editor Comments:

Response to reviewers
1. The authors have now included their sample size calculations in the response to reviewers, but it is unclear what the effect size estimates were based on. This should be included in the text.

Answer

Sample size of 200 participants, was chosen in order to achieve a 95% power to detect significant differences at the 0.05 level of significance and at an effect size of 0.13 or more, via regression analysis. According to Cohen (1988) values of effect size near 0.02 are considered small, near 0.15 are considered medium and above 0.35 are considered large. Thus we choose the value of 0.13 that is near 0.15 in order to have enough power to reveal significant findings of medium or large effect sizes.

The aforementioned information along with bibliography was added to the method’s section.

2. Please indicate which variables showed evidence of multicollinearity and provide values. Would it be possible to eliminate some predictors that are strongly correlated? This should be included in the text.

Answer

The variables that were finally entered into the models presented, after the stepwise method were checked for multicollinearity and no problems were diagnosed. For all independent variables the tolerance value was more than 0.2 and the Variance Inflation Factor (VIF) was less than 10.

Information regarding multicollinearity was added in the text.

Abstract

3. The final sentence in the results section is unclear.

Answer

In my opinion once I inserted “is”, the sentence became clear.

Introduction

4. While the authors have added in some more references, as suggested by Reviewer 1, I think the background would benefit from a more detailed consideration of previous work on chronic pain, depression and quality of life. Can the authors specify any hypotheses?
Methods

5. The questionnaires were either completed by the participant or with the aid of a researcher. Could the mode of administration have an effect on participant responses? Can this be examined in the analyses?

Answer

Unfortunately, we cannot examine via analysis if there is an effect on responses from the mode of administration. The mode of administration was not recorded.

6. The EQ5D also includes a pain dimension – was this excluded from the measures used for these analyses? If not, there are obvious issues with overlap between EQ5D and BPI which may explain the associations.

Answer

The pain dimension was not excluded from the EQ5D. As, far as we know we don’t have the permission to remove items from a questionnaire and provide a different scoring. Since the mean scores of EQ5D are used worldwide for comparisons of mean values, norms, cost effectiveness analyses etc. we think it wouldn’t be right to provide in a paper a different score than the usual. Also, in most of the known quality of life questionnaires, there are questions regarding pain, this is something that we cannot avoid. Maybe we could have a questionnaire for QOL that would have some specific dimensions that don’t contain pain related items; since EQ5D was chosen we don’t have this advantage, as it’s unidimensional.

7. Provide details of all the demographic/social/medical variables collected for the purposes of this study.

Answer

The details of the sample’s characteristics are in table 1.
8. Please indicate why Mann-Whitney tests were used for BPI analyses.

Answer

Mann-Whitney tests were used for BPI analyses because the distribution was not normal and the information was added in the text.

Results

9. Are the authors able to comment on how representative the sample is of the particular area? Did participants who refused to take part differ from those who are in the study?

Answer

The age and sex of the participants that refused to take part was recorded. No significant differences were found in the mean age and sex between those that refused and those that completed the questionnaire.

10. What does the alcohol consumption measure refer to?

Answer

It refers to one drink per day or more. The information was added in the text.

11. The authors include measure of doctor-diagnosed depression, and medication for mental disorders – neither is presented in Table 1. No indication of pain duration in provided in Table 1 either.

Answer

Thank you for your comment! The information was added in table 1.

12. Does the measure for diagnosed mental disorder include depression?

Answer

Yes, it does.
13. In Table 1, are scores on BPI etc presented for the overall sample or only for those who reported chronic pain?

Answer

The scores presented are for the overall sample and for subjects without pain was set to zero.

14. In the text authors state that 79 participants had consulted an orthopedic doctor, while the number is 90 for specialist consultation in Table 1.

Answer

Yes, this is correct, since 11 (9.7%) had consulted a different health provider. The information was added in the text.

15. Please provide values for associations between severity & interference and age or duration.

Answer

Thank you! The information was added in the text.

16. Please add the number classified as depressed using PHQ-9 to Table 1.

Answer

The information was added in the text.

17. Are Table 2 & 3 restricted to participants with chronic pain or the entire sample?

Answer

Both tables referred to the entire sample.
18. Please remove the reference groups from Tables 4, 5, 6. Also, please indicate which sample these analyses were carried out on in the text and in the table.

Answer

The references groups were removed and the samples were indicated both in tables and the text.

Discussion

19. Please clarify which findings refer to significant correlations and which are significant association based on regression analyses.

The information was added in the text

20. Please indicate what the abbreviations FM and CLBP stands for.

Answer

Thank you. The information was added in the text.

21. The discussion repeats the points on training for GPs and need for adequate guidelines

Answer

Thank you, the word GP is replaced by clinicians.

22. Pg 12 Lines 4-8 refer to the ‘beneficiary impacts of the environment’ – could this be explained further?

Answer

Thank you for your comment, I added some more sentences to make myself clear.

23. Why is BPI not a proper tool for pain assessment in this population?

Answer
Because BPI was originally designed to access cancer-related pain and is now the most commonly used cancer pain assessment instruments. That is the reason why I wrote it is not the proper instrument for this population. The information was added in the text.

General points:

24. There are number of places where decimal points and commas are interchanged. These should be corrected.

Answer

Thank you. It was corrected.

25. There are a number of grammatical and typographical errors in the manuscript which should be corrected.

Answer

Thank you. It was corrected.