Reviewer’s report

Title: Can the Pain Attitudes and Beliefs Scale be adapted for use in the context of osteoarthritis with general practitioners and physiotherapists?

Version: 0 Date: 17 Oct 2019

Reviewer: Katie Druce

Reviewer's report:

I'm really confused about the messages in this paper. I make specific comments below, but I feel like it should be greatly overhauled. Please consider the impact you want this paper to have and re-frame your messages accordingly.

Abstract

I am a bit confused by the end of the abstract about whether this is about the point of this is. The start of the abstract seems to be about treatment choices, but it feels like at the end of it that it's not about that at all.

Page 2, line 30 - will people know what is meant by "conservative treatments"? I am not sure what this would entail.

Page 2, line 32 - by clinician's who do you mean? I assume this group is distinct from the GPs and physios you mention subsequently. Unless the point is that GP/physio beliefs (as clinicians) are important because they influence the use of conservative treatment? I think this could be made more clear.

Page 2, line 37 - is a biomedical approach, opposed to biopsychosocial, more likely to mean conservative treatments are used, or vice versa? If not I am not sure why you make that distinction.

Introduction

I feel again like this introduction is a lot about treatment decisions, but actually treatment decisions don't seem to feature in the study which has been conducted.

Page 4 line 77-78- is reference 24 specifically relevant here - i.e. does it state that they offer less conservative advice to patients? What beliefs are known about it this work, as you next state that little is known?
I feel like it is only the latter section of the introduction, where you focus on clinician perceptions of illness that is relevant.

Page 4 line 94-100 - I'm not sure you've fully explained the need to validate this questionnaire. If it was shown to work how would it change anything?

Page 5 line 101-102 - is there anyway you can show impact of these different beliefs? Did you have any info about treatment choices?

Methods

Page 5 line 117 - you are now describing the questionnaire as being about treatment choices, but before it seemed to be about the perception of OA as a biomedical or biopsychosocial entity. Can you please make it clear from the outset what this scale is actually measuring?

Page 6 line 131-132 - I don't understand how the example questions refer to treatment of OA, rather than cause of OA?

Page 7 line 167-168 - is it more accurate to describe this as confirmatory factor analysis, as you have restricted this to replicate previous work?

Page 8 line 178-179 - does this statement imply that people did not give consent for data sharing, or secondary analysis? How reasonable is it to assume that if people completed a questionnaire for one purpose (the bigger study) they are happy for it to be used for another?

Page 8 line 185 - does "drop out" mean people who started but didn't finish the questionnaire? Can you compare between these people and the people who did complete it?

Page 8 line 185 - 186 - why do you list the proportions separately when the data are presented at the start of the section (when you list who took part)?

Page 8 line 186 - please indicate how many males and females - I shouldn't have to go to the table to find this if it is a relevant piece of info.

Page 8 line 188-196 - as above. Please provide the data to support these points.

Page 11 line 184-185 - what does it mean when you say the data were suitable? Is it the following sentence? If so the punctuation or ordering is wrong.

Page 11 line 187-188 - similarly how was the two factor structure supported?

Page 11 line 190-191 - how is it that these factors did not load? You said that loadings of 0.45 or greater were needed, but these two loaded at 0.45 or greater and did not load? Please indicate their actual loadings.
Discussion

Page 14 line 197-200 - can we conclude anything about which type of belief is more endorsed if the scale is not valid??

Page 14 line 202-209 - you've said this merits discussion, but I am not clear what you are trying to emphasise?

Page 14 line 210-218 - again, can we infer anything about the scale results if it doesn't work in that population?

Page 15 line 221-227 - if you know the scale doesn't perform well as a two factor solution, why haven't you tried to identify other factor solutions in this population?

Page 16 line 263-265 - I am not sure this is a helpful conclusion. If you believe it is beyond the scope of a questionnaire, then why have you tried to use this one? What message am I really supposed to draw from this?

Page 16 line 268-270 - You've just told me we probably can't assess clinician beliefs!

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

No

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

No

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
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