Reviewer's report

Title: 'I feel so stupid because I can't give a proper answer...' How older adults describe chronic pain: a qualitative study.

Version: 1 Date: 4 October 2012

Reviewer: Nele Van Den Noortgate

Reviewer's report:

Amanda Clarke et al. conducted a study about the description of pain from the perspective of community-dwelling older (# 65 years) adults with chronic pain from North East Scotland. This research aimed to provide a framework for assessing chronic pain in this group of people, since research about the specific way chronic pain is described and experienced by older adults is scarce. The study reveals that older people with chronic pain could probably most benefit from a narrative approach, because older people’s stories are essential to enhance the understanding of pain specific to the older individual. Overall, the authors do a good job by providing some insights for assessing pain in meaningful ways for older adults. Moreover, the authors pay attention to key aspects for (the care for) chronic pain in older people: telling their life story as a way to describe their chronic pain; and exploring the impact of pain on important activities of their daily living as a way to know the effect of pain management.

Reviewer’s comments

Major compulsory revisions

1. The BMC Geriatrics reference style is not followed precisely for all references. The following example illustrates how the references for ‘articles within a journal’ can be improved:


2. The reviewer suggest to give attention to a spelling mistake on page 6 of the article: the second mention of QSR has to be ‘QSR’ instead of ‘QRS’.

Discretionary revisions

1. The title reflects the content of the manuscript and includes the study design, according to the BMC Geriatrics style. However, there is a title within the title (‘I feel so stupid because I can’t give a proper answer…’) and the author uses single quotation marks for the shorter title; it is ambiguous whether this shorter title makes it more confusing for the reader or contributes to the understanding of what has been found in the research.
2. The writing style is in good English and suits the intended academic audience. There may be made some discretionary revisions to the text structure. (1) Specific for the ‘Methods’ section, the suggestion for improvement is to insert some subtitles from page 4, e.g. setting and sample, design, procedure and data collection. (2) In general, the advice is to be consistent with the use of italic writing style in the whole text of the article, e.g. the subtitle on page 8 ‘Diversity in conceptualizing pain using a simple numerical score’ could be converted into italic writing style consistent with the subtitle on page 6 ‘Analysis’. (3) Furthermore, certain phrases in the text may become interchanged, e.g. the phrase ‘Qualitative interviews were conducted with twenty-three individuals’ may be interchanged from the ‘Methods’ section to the ‘Results’ section of the abstract on page 2; the first sentence from the second paragraph of page 5 ‘Out of the 23 participants who…’ may be interchanged in the same way. (4) The title ‘Results and Discussion’ is repeated on page 14, while it is already mentioned on page 7.

3. The relationship between this work and other work related in the field, e.g. the broader mixed methods study (EOPIC) where this study is based on, is not clear. The authors describe the qualitative data of this mixed methods study as a first phase, but it is vague whether and why the authors had to conduct this new study. A short description of the research results of this first mixed methods study could probably overcome this.

4. Indeed, as the authors describe in their ‘background’ section, older adults have a tendency to expect pain. This literature data could have been extended with the fact that older people not only do expect pain with aging, but that they often describe discomfort, hurting, or aching rather than using the specific word pain.1 This could probably have been an important addition to the known knowledge, because the focus of this study is primarily the way pain is described by older adults. Moreover, as the authors describe in their results on page 11 about ‘Chinese participants who describe their pain as being synonymous with death’, a useful recommendation could have been that a variety of terms synonymous with pain should be used to screen older patients.1

5. The authors do a good job of highlighting the fact that ‘chronic pain is a multi-dimensional and conceptual experience and requires a holistic approach to assessment’ (page 19). The authors also confirm that ‘chronic pain medicine may learn from palliative medicine’ (page 16). Both suggestions could probably fit within Cicely Saunders's concept of total pain to substantiate their results.2 This could be added to the discussion.

6. The authors included older people with ethnic background, but they did not made an assumption that cultural differences may affect their pain meaning and therefore lead to an ineffective pain management.3 However, the authors acknowledge in their discussion that the ethnicity could not be investigated in-depth due to the geographical location and they recognize the need of different approaches for different minority groups.

7. It is not stated whether the older adults in this study had to be cognitively intact. Could the authors add if they were studying cognitively intact older people
8. One of the inclusion criteria was ‘self-reported musculoskeletal chronic pain’. It could probably be useful for the reader to define chronic pain and to explain the reason why they didn’t include neuropathic pain; because neuropathic pain is, according to the authors, more common in older adults (page 3) and therefore also a relevant research topic.

References

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests