

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	Barriers and enablers to monitoring and deprescribing opioid analgesics for chronic non-cancer pain: Protocol for a qualitative evidence synthesis using the Theoretical Domains Framework
<b>AUTHORS</b>	Cross, Amanda; Buchbinder, Rachelle; Bourne, Allison; Maher, Christopher; Mathieson, Stephanie; Lin, Chung-Wei; O'Connor, Denise

### VERSION 1 – REVIEW

<b>REVIEWER</b>	Dr Duncan Petty School of Pharmacy University of Bradford Bradford United Kingdom
<b>REVIEW RETURNED</b>	04-Oct-2019

<b>GENERAL COMMENTS</b>	<p>The method paper describes a potentially useful study for identifying the barriers and enablers to deprescribing of opioids for CNCP which is now a world wide problem. The method is well designed and the use of the TDF is an excellent choice for this type of work. The study, which this methods paper describes, could be beneficial in identifying the barriers and gaps in approaches to deprescribing of opioids for CNCP.</p> <p>In my experience of trying to implement change in practice across large numbers of general practices GPs find it easier to not initiate opioids in the first place and much harder to stop or decrease existing prescribing. The authors have chosen to study the later (barriers to deprescribing) which is an acceptable approach but I wonder if they would like to consider or at least acknowledge that prevention may be better than cure.</p>
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<b>REVIEWER</b>	Chris Hayes Hunter Integrated Pain Service Australia
<b>REVIEW RETURNED</b>	07-Oct-2019

<b>GENERAL COMMENTS</b>	<p>A well written protocol. The results of the proposed evidence synthesis will make a substantial contribution to the field.</p> <p>Overall the article is well referenced. I suggest that the listed reference would be a useful addition. It is the most recent systematic review of opioid benefits and harms in chronic non cancer pain that I am aware of: Busse JW, Wang L, Kamaleldin M, et al. Opioids for Chronic Noncancer Pain: A Systematic Review and Meta-analysis. JAMA. 2018 Dec 18;320(23):2448-2460. doi:10.1001/jama.2018.18472</p>
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## VERSION 1 – AUTHOR RESPONSE

### Reviewer(s) Reports:

Reviewer: 1

Reviewer Name: Dr Duncan Petty

Institution and Country: School of Pharmacy, University of Bradford, Bradford, United Kingdom

Please state any competing interests or state 'None declared': None

Please leave your comments for the authors below

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Prescribing and deprescribing are two different steps in the principles of good prescribing (as described in Table 1 of the manuscript). While inherently linked, they also likely have their own unique barriers and enablers. There is an existing qualitative evidence synthesis that has explored health professional's experience of prescribing opioids (reference 27 from manuscript), thus we have chosen to focus on monitoring and deprescribing.

Reviewer: 2

Reviewer Name: Chris Hayes

Institution and Country: Hunter Integrated Pain Service, Australia

Please state any competing interests or state 'None declared': None declared

Please leave your comments for the authors below

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We agree that this is a relevant, recent systematic review and have referenced it in the introduction.