Reviewer's report

**Title:** The health care setting rather than medical speciality impacts on physicians adherence to guideline-conform anticoagulation in outpatients with non-valvular atrial fibrillation: a cross sectional survey.

**Version:** 1 **Date:** 6 October 2011

**Reviewer:** Hans-Peter Brunner-La Rocca

**Reviewer's report:**

This study shows the results of a relatively large theoretical survey on practice of initiation and maintaining OAC in patients with non-rheumatic atrial fibrillation. The results show good adherence to guidelines with respect to long-term OAC, but significantly poorer adherence for initiation of OAC.

**Major Compulsory Revisions:**

The authors speculate with respect to potential factors for relatively poor guideline adherence for initiation of OAC. Most of these speculations are not really supported by the data. Most importantly, it would be interesting to know if the authors asked why guidelines were not followed. In general, it is not precisely clear which questions were asked. To be able to better interpret the results, it would be interesting to see the questionnaire as appendix to this paper. Depending on the actual answers/results, the interpretation of the results should be tempered and clearly mentioned as speculative (or if more data are available, they may be presented in a less speculative way).

The conclusion is also rather speculative and not really related to the results of the survey. I would skip a large part of it.

I would like to see some comparison with previous surveys using the methods used on other topics and, if there are no comparable studies, the authors should address the question why they think the used the right method. Furthermore, it would be interesting to hear the authors view on the representativeness of their results. Thus, how do the results of this study compare with clinical reality? What are the results on adherence in registries (ideally from the same region, but this is probably not possible). Maybe, however, there are data on other topics where the method used was accompanied with registry data. This would improve the validity of the findings significantly.

Obviously, there was a difference between the reporting of using guidelines (e.g. CA in outpatient care 90.3% and the actual use of guideline conform OAC of 58.2%, which did not significantly differ from other groups). It would be interesting to see this difference in more detail and to hear the authors’ interpretation on this.

There was a huge difference in guideline use between CA, IM, and GPs in outpatient care. Any comments on this? The reported guideline adherence by GPs is anxiously low! Any comparable results by other studies?
Discretionart Revisions

It would be interesting to see if any of the factors used for adjustment (table 3 and 4) were significantly related to the correct use of OAC.

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**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