Reviewer’s report

Title: Qualitative insights into general practitioners views on polypharmacy.

Version: 2 Date: 1 March 2010

Reviewer: Ulrike Junius-Walker

Reviewer’s report:

This publication is about a common and important issue that concerns a great proportion of older people and their health care providers in western societies. Polypharmacy is a growing issue that needs to be tackled by patients and their doctors alike. The results of this qualitative study point to four critical areas where adequate medication is in danger of developing into harmful polypharmacy: (1) patient and (2) GP – related attitudes and behaviours (3) simultaneous application of disease specific evidence based guidelines and (4) disease specific specialist prescribing and the interface with GPs’ care. The results are based on a large number of interviews to GPs in the district of Aalst, Belgium – and this is a strength of the study. The overall methodology is appropriate.

However, I have three major concerns which I want to describe below:

Major concerns:

1) Text flow: In general, I have a problem with the train of thoughts, meaning the organisation of the contents in a well-arranged sequence. In my view, a topic sentence at the beginning of a paragraph helps guiding the reader through this paragraph. Sometimes it simply requires a marked break in the text.

1a) Introduction. The importance of polypharmacy takes a too large amount of space compared to the GPs’ roles and perceptions of prescribing multiple medications. When introducing the GP as a main and long term prescriber, I would have expected a new paragraph.

1b) Results: The result section starts with a clear statement of which results are being presented in this section. However, for each of the four sub-sections it would be helpful to write a topic sentence to guide the reader. On page 6, last paragraph, solutions are presented although the greater context is “GP-related problems”. Solutions could be, in my view, an extra topic.

1c) Discussion: Here, first specialist-related and then patient-related problems are discussed. Then, rather unexpectedly, some solutions are being weighed. Then underprescribing is discussed followed by the EBM related problems. I think it would be helpful to have the four problem areas clearly featured and discussed.

2) Innovation: The four problem areas contributing to polypharmacy are areas that are known to be problematic. However the innovative aspect may be that these areas are being defined as the main problem areas experienced by a very important group of prescribers themselves, the GPs. Maybe this is worth
emphasizing. To my knowledge there is at least one publication that has looked into this issue using focus groups (Marx G et al. Polypharmacy: a dilemma in primary care? Results of group discussions with general practitioners. Gesundheitswesen 2009;71:339-48) Perhaps the state of art on this subject could be a bit more elaborate in the introduction.

3) Solutions and the discussion of these (what are possible consequences?): In the results section some solutions, which the GPs in this study mentioned, are stated. I think this aspect needs to be strengthened. In the discussion, the GPs’ suggestions should be weighed, and solutions that have been discussed in the existing literature should also be included (for example: Reflective practice- Watkins Family Practice 2004; clinical pharmacist interventions – Hanlon J. Am J Med 1996; Appropriate prescribing tool (Ryan C - J Clin Pharm Ther 2009; START (Barry P; Age Ageing 2007); Peer academic detailing – Straand J. BMC Health Serv Res 2006 and/or others). The purpose of this addition is not only to show where the problems lie but to look for practicable and accepted solutions in primary care.

Minor essential concern:

4) Methods: I would like to know more about the semi-structured interview: what topics were actually included? How were the codes generated – was it open coding? Which codes were the relevant ones for the issue of polypharmacy? Perhaps it would additionally be interesting to know how many different citations were allocated to these relevant codes. Did two independent researchers apply the codes to the transcriptions?

Discretionary revisions:

5) The English needs to be revised: a) prepositions (e.g. page 2, 2nd paragraph: morbidity and mortality (by) in elderly patients), b) try and avoid conversational English (e.g. page 6 1st paragraph (get) receive medication; 2nd paragraph: (It’s easy) it is easy, adverb/adjective (e.g. page 6, 2nd paragraph: they do find that they are not critical (not critically) enough; page 7: first citation- ..then you need to work preventively (not: preventive); use of possessive case when it is plural (e.g. page 7: GPs not GP’s and also page 8 end of first paragraph of discussion).

6) Some spelling mistakes: e.g. page 2, 3rd paragraph: forget (not forgot), page 6 3rd paragraph established (not establish).

N.B. I did not receive an abstract

**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'