Reviewer's report

Title: Discussing patient's lifestyle choices in the consulting room: analysis of GP-patient consultations between 1975 and 2008

Version: 1  Date: 4 May 2010

Reviewer: Suzanne McKenzie

Reviewer's report:

This study poses a number of relevant and interesting questions which have been well defined. The method seems appropriate but needs some clarification as listed. Statistical analysis seems confused and would benefit from some statistician advice.

The discussion and conclusions need more work. Some limitations have been stated but not all. The authors have acknowledged some other published work in this extensive area. The title and abstract accurately convey what has been found. The writing is not really acceptable. It is quite difficult to read and follow and could do with a good edit.

Major Compulsory Revisions

Discussion:

You mention that you could not determine if patients were at high risk or not but then go on to describe some population trends so you could make some assumptions. You also state that the high risk approach was not taken but how did you determine how many of the patients in your sample were at high risk to get your denominator? Just because GPs started with a symptom they may have chosen to do this in those patients who were also at high risk.

Your study was not addressing the issues of appropriateness of the issues discussed as you have assumed that discussing lifestyle is always appropriate as the three ways in which this could be approached in the consultation include all reasons- high risk, symptoms and everyone else (population approach). You have identified some reasons why your prevalence is low (previously discussed/planned later) but you also might have tried to identify consultations in which it was not appropriate to discuss behaviour such as palliative care/ breaking bad news etc. You would not expect the number of these to change over time. It would be helpful to give the reader some idea of what percentage of consultations you might expect lifestyle to be discussed, especially given the fact that you state they are not following a population approach as the percent of consultations was low. They may well be taking this approach but your benchmark was set too high.

You touch on some of the limitations of your cross sectional design but not others and you do not indicate what other studies could be done to clarify some of your limitations. Another important limitation of cross sectional design is of course the
inability to attribute cause and effect. For example you say that unhealthy lifestyles are more prevalent in low SES groups but this does not result in discussion more often. It could be that they are more prevalent because they are not discussed by the GP.

Minor Essential Revisions

There are a number of grammatical and English language errors in the text.

Introduction (Paragraph 1)- spell out COPD; rewrite last two sentences as they do not make sense

Introduction (Paragraph 2)- difficult to follow; suggest a re-write

Introduction (paragraph 6)- define the three kinds of approaches- you do this later in the article but should include this in the introduction and add if you defined these based on the study or were they based on the literature/combination of the two

Method (para 1)- were the GPs and or patients blinded about the purpose of the study? Reference for Timpka et al is not in appropriate style and also not in reference list

Data collection paragraph: include details about the questionnaires- what data were they collecting etc.

Interrater reliability- table 2 is results so move to this section; reference Cohen’s kappa

Statistical analysis- this paragraph needs more explanation and justification; Stata 10 should be referenced.

Results:

Last sentence of paragraph following table 4 should be moved to beginning of this sub-section

Symptoms and approach to discussing lifestyle behaviour section- 5th para following table 6 reports results that have not been presented in tables (approach results)

Table 6: * at bottom but not included within the table

Discussion: reference 2008 Public Health Act

You mention increasing numbers of female GPs – what impact would you expect this might have had on your findings (if any)

Discretionary Revisions

Not sure what Table 1 adds. It gives some examples but you have not labelled the examples to demonstrate your interpretation. Either modify or remove.

Level of interest: An article whose findings are important to those with closely related research interests

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

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests.