Reviewer's report

Title: Infectious disease management in primary care: perceptions of GPs

Version: 1 Date: 6 September 2010

Reviewer: Samuel Coenen

Reviewer's report:

Dear authors,

This paper deals with an important and common issue in general practice, but might need further clarification. Please consider the following suggestions.

Major Revisions

Background
Regarding the correlation between the level of antibiotic use and the level of antibiotic resistance please consider the following references:

Method
20 GPs were recruited and interviewed. Please explain whether you have achieved data saturation in the results section.

Since the researcher is often the one who collects the data as well as the one who performs the analysis, information on the researcher's qualifications, training, experience, view is important. Providing this information for the second coder is also important. Please explain how you have dealt with this issue.

Has the data been analysed manually or using a computer program?

Please be aware that the reader might not be familiar with the approach taken in this study (categories of description, outcome space). Please clarify whether the categories of descriptions produced have come from the researchers or from the interviewees?

Results
You start the results section with “Five qualitatively different perceptions, A-E, were identified.” Please explain here what A-E means or you refer to Table 4. As it is now, it is unclear and you need to guide the reader.

The following sentence: “It can be noted that a common understanding concerning patients was that most patients expected their infection to be treated with antibiotics.” The GPs’ “common understanding concerning patients” can be labelled as the GPs’ perceptions of patient expectations. There is some literature on this topic, e.g.:


C Restrictive antibiotic prescribing is time-consuming.

An exception was parents of children with otitis media who had adopted…discussion was often easier. Please explain why.

The outcome space

Please explain how the order in ranking came about (in the methods section?). How does a category end up in the highest ranking?

Please consider labelling the level in the figure (and add title and legend to the figure).

Table 4

D Restrictive antibiotic prescribing can protect the effectiveness of antibiotics: The last quote: “But then you must be able to contain this uncertainty…” might not exactly illustrate this perception. It related to diagnostic uncertainty, which has been identified as an important determinant of inappropriate prescribing, and in case of which non-medical factors substantially influence the prescribing decision.

E Patients benefit personally from restrictive antibiotic prescribing: The last quote: “They are known here, and they know the medical centre… “ might also not be exactly illustrating this perception.

Discussion
P11 “All these factors could be identified among the physicians in our study, but were here more in the foreground in some perceptions and more in the background in the others.” Please clarify how this can be seen in the data.

P11 “However, it is possible that patient pressure and expectations are products of the physician’s imagination.” cf. supra: I would call this GPs’ perceptions. Please consider also Little P: Importance of patient pressure… BMJ 2004 (328): 444.

P12 Please consider the following work regarding your reference to mass media campaigns:


P13: “The perception that restrictive antibiotic prescribing is time consuming contains an important message for the organization and planning of healthcare…you must allocate resources to give physicians room for discussions with patients.” This is correct, however, once a GP is trained in a certain way of dealing with these consultations it becomes easier and less time consuming. Patients are mainly looking for reassurance so it is important that their worries are addressed. Please consider the work by Jochen Cals et al.


3. Cals JWL, Butler CC, Hopstaken RM, Hood K, Dinant G-J. Effect of point of care testing for C reactive protein and training in communication skills on antibiotic use in lower respiratory tract infections: cluster randomised trial. BMJ 2009;338(may05_1):b1374-.

P13: Second paragraph: relationship between antibiotic use and resistance level also at an individual level: Please also consider


Methodological considerations
p.14 “To ensure high quality of collected material...” This whole paragraph might be more suitable for the method section.

Conclusion
The conclusion is a bit repetitive of what has been said in the results section, especially the mentioning again of the five different perceptions. Please clarify what different kinds of support GPs need to encourage restrictive antibiotic prescribing (also in abstract).

Abstract
In the abstract refer to perceptions with letters corresponding to those used in the paper (now Roman figures)

Samuel Coenen

**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