Reviewer’s report

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

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Reviewer: Christopher Butler

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This study used qualitative methods to identify GPs thinking in relation to antibiotic prescribing that might be useful in promoting more appropriate antibiotic treatment in primary care. A phenomenographic approach to analyses was followed. This analytic method is fairly novel in this field and is well described in the paper. The approach is an interesting one.

Five main ‘perceptions’ were identified, and these were somewhat at odds with each other. GPs want their patients to get better as quickly as possible, while on the other hand they appreciate antibiotic resistance is driven by antibiotic prescribing and not prescribing takes more time. The authors speculate that increase patient involvement may increase the appropriateness of antibiotic prescribing.

In these respects, these findings are therefore more confirmatory of existing knowledge than new.

The study is however important as antibiotic prescribing is said to be rising in Sweden. Understanding this reversal in a previously down trend from the GPs perspective could play an important role in developing strategies to address this. Clearly complacency is not acceptable and more sophisticated GP-facing interventions may be needed.

The paper would be improved by:

• A statement of the ‘predefined characteristics’ of GPs for inclusion to ensure a varied sample.

• In the discussion, not to over-reach the data! The findings relate to important themes that emerged from interviews with 20 GPs, yet the Discussion states that the study “demonstrates that GPs perceive infectious disease management in primary care...” This implies the data are representative or probabilistic, which is not the purpose of qualitative research.

• The first line of the discussion is additionally confusing. Does it mean that GPs differ between each other in their views or that an individual GP holds contradictory or conflicting views?

• The intention of recruiting GPs with a range of prescribing levels should be mentioned in the methods and then the results should provide data about this.

• Unless there is clear data from the GPs that patient involvement may improve things, this speculation may be best left out.
• Is ‘support’ for the GPs the correct word? The study is essentially confirming the complex nature of many antibiotic prescribing decisions in primary care, where GPs balance conflicting agendas. Are the authors not really concluding that simple interventions are unlikely to solve this complex problem and that interventions should address a range of conflicting imperatives? GPs want to do good by their patients and society and sometimes these can be at odds. Interventions need to enable GPs to achieve both objectives.

**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:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests