Reviewer's report

Title: Use and feasibility of delayed prescribing for respiratory tract infections: A questionnaire survey

Version: 1 Date: 15 January 2011

Reviewer: Carl Llor

Reviewer's report:

Compulsory revision:
One major aspect that authors have to address is the initial number of physicians contacted. They say that this study was conducted as a part of an educational intervention study in Norwegian general practice with the aim of improving the antibiotic prescribing. One of the authors held seminars with GPs but we don’t know how many physicians were invited to participate in this study. We only know that 80% of the physicians who agreed to participate did actually participate but the initial number is also crucial. According to the figures of table 1 of the paper published recently in Br J Gen Pract, this number is high. Not only those who dropped out can have other opinions concerning the delayed prescribing of antibiotic but also all the physicians who were not interested to participate. A flow-chart with all the physicians contacted, those who agreed to participate and those who finally participated is necessary and should be depicted in a figure.

Minor essential revisions:
Another issue that merits further discussion is that this paper describes intentions. The authors observe that 46% of the patients who were given a delayed prescription did actually consume it. This percentage is what they answered, not what they really did. I’m wondering if Norwegian patients say the truth when they are requested to answer questionnaires, probably more than in other countries, but in any case, some patients try to answer what their physicians would like to, and probably this percentage is in fact higher. This would have to be discussed more in depth in the Limitations section.

The authors explain that the use of rapid antigen detection tests in pharyngitis could explain why physicians were reluctant to use the delayed prescribing of antibiotics in this infection. Since one of the infections where the delayed prescribing was most often used was sinusitis – in 70% of the cases - and we know that C-reactive protein rapid test is commonly used in Nordic countries in sinusitis and lower respiratory tract infections I would like to know the relationship between 1. CRP determination and delayed prescribing of antibiotics, and 2. CRP value and this practice. Some guidelines recommend the use of delayed prescribing of antibiotics (see recent papers by Cals) in those infections with not-very-low and not-very-high CRP concentrations.

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

**Quality of written English:** Acceptable

**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.