Reviewer's report

Title: A survey of primary care physician practices in antibiotics prescribing for the treatment of uncomplicated male urethritis.

Version: 1 Date: 18 February 2011

Reviewer: Ingrid Viola Francine van den Broek

Reviewer's report:

This manuscript describes the results of an interesting survey on the quality of prescription by GP’s, addressing a highly relevant topic of gonorrhoea treatment facing a quick increase in resistance to antibiotics that were quite recently still firstline treatment. The set-up of the survey is simple but elegant and the results are clearly described and conclusions and discussion follow logically out of these.

Therefore, I have only minor comments to make.

Discretionary revisions.

Methods
- Where the questions on ciprofloxacin resistance and new guidelines asked after completion of the treatment plan for the vignette? Otherwise answers to the first may have been influenced by the last two questions.
- Was the review by the two independent reviewers in agreement (mentioning of kappa test, but result not given in manuscript)

Results
- The GP-population of the responding GP’s is predominantly male (83%) and on average 52 years old. According to the discussion, there was no bias for responders versus non-responders. Is the Sentinelles network a representative sample of French GP's? If so this should be mentioned, if not, it should be discussed what this means for the findings of the survey when translated to the whole GP-population in France.
- Which recommended antibiotics were prescribed for gonorrhoea? I.m. or oral doses?

This could be an issue to discuss in discussion: is oral cefixim easily available, or is ceftriaxone i.m. the most common, firstline treatment. The fact that this is an i.m. injection might create a barrier. If it is the same as in the Netherlands, the extra barrier is that the patient first has to go to a pharmacy to get the injectable and then go back to the GP to get it injected. Is this the case in France as well?
- in the precribers factors, a differentiation is made by the time a GP has been in practice. It would be good if the authors could show what the division is in the wholw group, i.e. the % 10years/20 years or more in practice. Why do the authors first use <10 and 10> to categorize (prescribing ceftriaxone) and then
Discussion

- As said above, I would like to see the way of administration of the drug (oral or i.m. injection) to be discussed as a potential barrier to use ceftriaxone, if the authors think this could be the case because cefixim is more difficult to obtain/less known/not presented as first choice than ceftriaxone.

- Can the authors be a bit more specific on the way the ‘new’ 2005 guideline mentioned earlier (AFSSAPS), was disseminated or how GPs could have accessed this? Now they only mention a more general ‘recommendations are preferentially disseminated using electronic sources’.

Some spelling mistakes, such as:
- treatment in stead of treatment (abstract 5th line)
- appropriates instead of apporpriate (methods-survey development 4rth sentence.
- ceftiaxone instead of ceftriaxone in Table (last 3 rows)

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

I declare that I have no competing interests