Reviewer’s report

Title: Improvement in the management of gout is vital and overdue: an audit from a UK primary care medical practice

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Reviewer: Swan Yeap

Reviewer’s report:

The authors audited the management of gout from 1 general practice in the UK. As such, the study population numbers are low and perhaps not generalizable, which the authors have commented on. Their finding that gout is poorly managed at the primary care level is not new, and has been shown before in previous studies, some of which have been quoted in the text. The paper is well written but the authors should address the following concerns:

Major Compulsory Revisions

1. The authors have called this an “audit” but there is no data for the complete audit cycle. This is only the initial data on current practice, the recommended improvements and implementation and the follow-up audit is not presented here. This would need to be done to complete the paper.

2. I would suggest that the authors decide which guidelines to follow – BSR or EULAR. As the practice is in the UK, the BSR guidelines may be more appropriate. In which case, then the target uric acid level is 300, not 360.

3. There were some recommendations for audit in the BSR guidelines – was there any reason not to audit those recommendations also?

4. “identify possible strategies to increase guideline adherence”: the authors have stated this in the Conclusions, but in the text, there is no concrete suggestions on how they intend to do this at the level of their individual practice. There are vague statements about improving education and involvement of primary care physicians in guideline development, but how is this going to translate into improvement at the level of individual patient care at their place of practice?

5. In the discussion, the paper by Owens et al may be of interest for comparison: D Owens, B Whelan, G McCarthy. A Survey of the Management of Gout in Primary Care in Ireland. Irish Medical Journal May 2008.

6. Can the authors comment on how complete and accurate the medical records are? How was the diagnosis of gout made? Could some of the SUA levels been done from hospital and treatment started there? Would this account for some of the discrepancies such as ULT starting before the documented diagnosis of gout?

7. The authors make a commendable attempt to determine the documentation of life-style advice in their medical records. They showed that it was bad – not unsurprisingly I would have thought. Is this similar with the other diseases? E.g.
smoking advice after MI? Are there any other studies that show this?

Minor Essential Revisions
8. The results of this study are not new - the authors should bring out what is unique about this study.
9. Table 2: Gender male: Please correct “Insert absolute number” in the second column, with the correct data.
10. Table 2: Ethnic origin of the subjects?

**Level of interest:** An article of limited interest

**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