Reviewer's report

Title: Attitudes, difficulties and educational needs to manage Alzheimer's disease in France

Version: 2 Date: 7 January 2013

Reviewer: Hanna Kaduszkiewicz

Reviewer's report:

Major compulsory revisions

Summary

In this manuscript the authors present the results of a telephone survey of French GPs on their subjective views on their management of Alzheimer’s disease.

I agree with the presentation and interpretation of results as far as they are descriptive or refer to associations between GP characteristics and self-reported competences, attitudes and approaches to patients with Alzheimer’s disease.

However, the so called „education score“, which is emphasised continuously in the article comprises only limited areas of self-perceived educational status: communication with the family, patients, disclosing the diagnosis and nondrug treatments. I miss areas like diagnostic knowledge and skills, drug therapy or comorbidity management. Therefore in my view the score calculated cannot be seen as an education score. It should be deleted as it is misleading. Then the other results will have to be rearranged in order to come to precise conclusions.

The conclusions found in the abstract now are too imprecise and not based on the results of the survey. In my opinion the central results are the description of the GP answers and the associations between the GP characteristics and their answers (table 4).

Details

Abstract, conclusions: I do not agree with the conclusion that the results (not the results but the survey?) „identified and prioritized the educational needs of French GPs“ , because the pre-set statements of the survey regarding education were restricted to communication and nondrug treatments.

Results chapter 3.5:

I doubt that “use of tests, disclosing the diagnosis to the patient, knowledge of the national recommendations, referrals…” are pure attitude indicators. They have very much to do with education, too. Therefore analysing associations between the educational needs score and these indicators seems tautologic.

Discussion:

Page 13: “The representative sample questioned in our study, not based on voluntary participation, probably explains that difference.” I my view the participation in your study was voluntary, too. Maybe the fact that the other
physicians [reference 13] participated in a public health network explains the
difference.

Page 15: Why are GPs “reluctant to refer their patients”? On page 14 it is stated
that French GPs have high referral rates (by the way: What does the figure of
81.2% mean exactly? Are 81,2% of all GP patients referred to specialists?)
Which statement is right?

Page 15, paragraph starting with “The lack of information…”. Which phenomenon
do you mean?

Page 16: “We are not aware of another study exploring the aspects on which we
focused.” There are more studies. Please see as an example:

Kaduszkiewicz H, Wiese B, van den Bussche H. Self-reported competence,
attitude and approach of physicians towards patients with dementia in
ambulatory care: results of a postal survey. BMC Health Serv Res. 2008 Mar

Here you also find a theoretical framework which you could use to arrange your
results.

In the discussion I miss a reflection of socially desired answers and of the known
gender bias in self-perception of being insufficiently trained.

Tables

Table 1: An important information from this table is not described in the text. To
my view it is the fact that GPs with no AD patients tend to be young, female,
have small practices with a small patient load, more partial fee reimbursement,
more alternative medicine techniques and working fewer days in office. This can
be discussed against the background of the feminisation of medicine and the
trend within GP to narrow the spectrum of treated patients.

Table 4: In this table there is important information, but the description of the
results focuses on the educational score only. As mentioned above the
educational score should be deleted and the other results highlighted, e.g.
  - Disclosing the diagnosis is associated with male and younger GPs,
  - Systematic referral to a specialist is associated with older GPs, and with GPs
    with a high patient load. GPs, who teach medical students less often refer to
    specialists etc.

Are all the single analyses controlled for all other GP characteristics? So that we
know that it is really the older GPs irrespective of their gender who tend not do
disclose?

Also, please delete the headlines „Clinical practice attitudes“ or „Health system
attitudes“, because they don’t match the activities summarised below, e.g. being
aware of national guidelines will be partially due to attitudes, but also to
education.

Still table 4: “involved in educating the public”: 0767 should be corrected.

Minor compulsory revisions
Miscellaneous

Page 6: „Every phone number was called 20 times, and the interviewer let it ring 5 times.“ I was surprised about letting the telephone ring 5 times. This seems fairly short to me. In my view 1 minute or 10 times are needed to give the other person the chance to answer the phone.

Page 7: „The questionnaire was created by …. representatives of family associations...“ Do you mean family physicians/GPs? Were GPs involved in creating the questionnaire?

Editing by a native speaker would help understanding the text.

I would be happy to see a list of the original survey questions referring to the management of Alzheimer’s disease (in English) in an appendix.

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

Declaration of competing interests:

I declare that I have no competing interests.