Reviewer’s report

Title: General practitioner’s clinical practices, difficulties and educational needs to manage Alzheimer’s disease in France: analysis of national telephone-inquiry data

Version: 3 Date: 26 April 2013

Reviewer: Michael Pentzek

Reviewer’s report:

The authors have done good work, but in my opinion some shortcomings still preclude the article from publication.

6) The items of the questionnaire as well as its development are not reported in adequate detail. Why and how were these questions selected? Please report the questions and response categories (if given) as well as the items’ underlying theoretical constructs. How were the questions pretested/piloted?

We chose to not translate the whole questionnaire because we do not think that all the questions are necessary to understand our purpose. The questionnaire was pretested on voluntary GPs and modified, based on their remarks, by excluding, rewriting or clarifying poorly understood questions. However, it seems difficult to detail the entire process of questionnaire construction in this article.

>>> I think at least the four items of the AD module including the response options have to be presented in an appendix. If the process of questionnaire development has not been published yet, there should be more details on that.

8) The multivariate analyses should be explained in much more detail and more structured: which analyses were made (regression? ANOVA?), with which dependent variable and which independent variables? Tables 3 and 4 should include declarations of the multivariate analysis method and of course p values for single variables.

The multivariate analysis method is a logistic regression (page 8-9, paragraph 3 of “Statistical analyses”). We changed the notes to Tables 3 and 4, and specified dependent and independent variables as well as p values.

>>> The logistic regression method is not mentioned in the Methods section. In the Results section, there are important quality parameters on the regression model missing: appropriateness of the regression model according to the Hosmer-Lemeshow test and explained variance according to Nagekerke R².

9) In the text it is said that frequent disclosure of the diagnosis and test use are indicators of good quality care. This is debatable. Please cite evidence for that! And also cite general practice literature contributing to this debate.
We considered diagnosis disclosure to the patient and use of clinical tests for AD diagnosis as indicators of good quality care, because these practices are recommended in French national guidelines. We agree with the Reviewer that this is debatable. However, we think that this discussion is beyond the scope of our article.

>>> I cannot accept this explanation. First, this is an international journal, and not all readers are common with or agree with the French guidelines (btw: are these GP guidelines or specialist guidelines which recommend disclosure and testing?). Second, this is a Family Practice journal, and the family practice perspective has to be included in an article on family physicians. So, I would strongly suggest to critically reflect these „indicators of good quality care“ and to include an explicit paragraph on this problem in the Discussion section.

**Level of interest:** An article of importance in its field

**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