Reviewer’s report

Title: GP perspectives of Irritable Bowel Syndrome - not a contested illness, but management deviates from guidelines: a qualitative study

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Reviewer: Linda McGowan

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REVIEWERS COMMENTS FOR THE AUTHORS

This paper addresses an interesting area, that is, the GPs perspective of patients who present with irritable bowel syndrome (IBS). It also gains views on a new risk assessment tool (under development) which could help predict those patients which develop more persistent symptoms over time. Use of NICE guidance was also explored. The title is informative and reflects the content of the paper.

The research questions posed by the authors are clear and concise. However, there is limited detail regarding the risk assessment tool. I was not clear as to exactly what this was – and were GPs shown a prototype or was the potential content of this tool described by the interviewer (if so how)? The methods are otherwise sound and well described. The data is collection process was robust and the data are well presented. The findings are a little repetitive at times and as such would benefit from some cogent editing. Whilst it is no surprise that GPs do not follow NICE guidance, it is of interest to note that they revert to past learning and therefore aim to diagnose via exclusion rather than acknowledge positive symptoms. This has implications for training and is relevant to other conditions (e.g. CFS, CPP etc). This finding needs to be more firmly situated in the wider literature regarding why GPs and other medics do not routinely use, or adhere, to guidelines. Are GPs more likely to use guidance for established conditions? I was interested to note that that the authors found that IBS is no longer a contested illness, yet official guidance is largely ignored. This appears to me to be the crux of this paper and yet the data and interpretation is still at the descriptive level in places.

Major compulsory revisions: There are many interesting points that could be explored (I would envisage that the research team have a lot of data) – is ‘not contested’ the best fit with the data? The quotes read as if GPs now accept IBS has a condition but of a lower status than say CHD etc. What is it about IBS when compared with other similar conditions e.g. CFS give it more acceptability status – is it that more research has been conducted? It affects both genders? Doctors ‘know it’ – some have ‘had it’ – does this enhance the acceptability of a
condition? It has received more publicity therefore awareness is increased in both patients and GPs etc etc. Is there a possible timeline here – when did IBS become more accepted in primary care? The social science literature may be informative here. I would welcome a more conceptual approach to the analysis, which would further explain why GPs ‘revert to type’ in their everyday consultations.

More could be made of the strengths and weaknesses of this study. There is limited focus on potential weaknesses here. In particular, regarding the tool – how was this presented to GPs? Could this have been improved? (e.g. use of vignettes etc). Again, it is not clear how the tool was introduced to GPs which may or may not account for the findings. Would GPs have appraised the tool well if they had used it? However, it is encouraging that the authors use data which shows that some GPs interviewed would not support use of the tool – this heightens the validity of the study.

In summary, the research question(s) and methods are sound. The area is one of interest had the findings relate to other conditions which have a similar profile to IBS that GPs find difficult to treat and manage. More work is needed on the analysis to explore the data more fully and to lift the analysis to a more conceptual level. From the data I have had sight of it would appear that the researchers will have the data to support a more detailed analysis.

Minor essential revisions: There are several typos throughout, in addition not all quotes are in the same font of labelled in the same way, Please check the manuscript for consistency.

**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:**

No to all questions above but I do work with one of the authors on another study (Professor Carolyn Chew-Graham,) and we have published together in the past.