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: Lesley Martine Roberts

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

Reviewers comments:

Overall I felt this was a very interesting and much needed study. I did have a few concerns about the presentation of findings which does suggest a degree of bias on behalf of the authors (by virtue of this being part of a larger project to validate a risk tool). I feel that this can be addressed by careful rewrite to remove points which are opinion or supposition. For me the paper really highlights the lack of utility of the current guidelines and the obvious confidence of GPs in treating this patient group - this opens a very interesting discussion on these points.

Methodologically the study is robust and the paper suitable for publication once this revision issues addressed or defended.

Discretionary revisions:

1. P3 – Abstract background – this is written in the present tense (the aim of this study is) – this looks odd when later sections are written in the past tense and I feel that consistency here would read better.

2. I do not feel the authors can conclude (on the basis of this work or published literature) that (abstract P4) the reluctance of GPs to refer patients for psychological treatments has implications for patient care – this needs to be viewed more holistically than simple reference to trial evidence that patients do better if given these treatments. In a finite resource scenario it could be argued that patient care overall could be harmed by such referrals! I would modify this to read ‘may have implications’.

Minor essential revisions:

1. P3 – Abstract – line 1 – irritable should not be capitalised (Irritable)

2. The abbreviation NICE and later NIHR are used without any full explanation at first mention – this is important for non-UK readers of the paper.

3. Given that recruitment was essentially from a population who had previously signed up to participate in the larger study information about recruitment to this study would benefit the paper and transparency. Were all GPs / Practices in NW
England invited? Were GPs informed of both studies at one point (the fact that 2 participants did not agree to the larger study suggests the possibility of GPs doing 1 only but this is unclear)?

4. Quotes should be carefully checked for typos – these may be as spoken by the participants but some do appear to be errors e.g. P11 ‘I think when you’re experienced it’ or P16 ‘looking at stressed’.

5. Typo P18 paragraph 1 of discussion – ‘benefit form (from)’

6. Typo P21 ‘providing (provision) of a’

7. Typo P 22 ‘administration of such a tool would be impractical to administer’ (one of the administrations needs to go).

Major compulsory revisions:

1. The abstract results conclude with the statement that GPs did not recognize the need for a risk assessment tool. This implies a real (and proven) need which is not recognized and I do not feel this is the case here. It suggests a degree of bias on behalf of the authors (which possibly does exist as they have received funding for such a project) – this is not a problem in itself but the authors need to reconsider the language used both in the abstract and the discussion to remove such biases in presentation and I feel the authors should declare that for this study a possible conflict of interest did exist as they were funded to validate a risk assessment tool.

2. Strengths and limitations of the study quite rightly suggests that those who participated may be atypical of the GP population. It suggests participants may be more comfortable managing IBS – surely the opposite is also a possibility – they could have participated because they find it a complex diagnosis and difficult to manage. The fact that they have agreed to participate in the validation study suggests a degree of belief in such a tool - which is then not supported in the qualitative data and suggests other GP views may be even more negative towards such a tool. I feel the authors need to be careful about implying the direction in which such biases may have affected the data.

3. The discussion currently needs a little restructuring work – some concepts came up at different points and read a little repetitively e.g. patients being known to disengage with services is raised on p 19 in relation to GPs not offering follow-up and again on page 21 in relation to the doctor-patient relationship – this is probably reasonable but to raise in on page 21 (‘However there is evidence’) as if it had not been previously highlighted seemed a little odd. I would revisit the structure of the discussion in full.

4. Implications for future research section starts with the statement that the acceptability of the tool to patients needs to be explored – given the strong negative feelings expressed by GPs this did surprise me. Perhaps the examples given need to presented first and then a justification for exploring this with patients. I was left with the sense that this suggestion was made because the
authors have been funded to do such work and the feasibility of introducing such a tool with GP opposition could be discussed.

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.