Reviewer’s report

Title: The concept and definition of therapeutic inertia in hypertension in primary care: a systematic review

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Reviewer: Concepcion Carratala-Munuera

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Major Compulsory Revisions

REVIEWER OPINION

Title: The concept and definition of therapeutic inertia in hypertension in primary care: a systematic review

Jean-Pierre Lebeau (corresponding author)

Is the question posed original, important and well defined?

The aim of the study is to search the literature for definitions and discussions on the concept of therapeutic inertia in hypertension in primary care, to try and form an operational definition.

The research question posed by the authors is easily identifiable and understood. But some questions regarding the term “clinical inertia” must be defined more clearly.

Line 89.- Clinical and Therapeutic Inertia.- LS Phillips was the author who defined clinical inertia. No other term is used in Phillips paper’s. Later, the term therapeutic inertia is used by Okonufa. The authors have defined the term “therapeutic inertia” in the title of the paper but the original term is clinical inertia. This means than the authors prefer the term “therapeutic inertia” than the original "clinical inertia" defined by Phillips. If so, it must be justified.

The Phillips' definition of clinical inertia is “failure of health care providers to initiate or intensify therapy when indicated” so therapy is included.

Line 104.- “Clinical (or therapeutic) inertia as defined by Phillips...LS Phillips was the author who defined clinical inertia. No other term is used in Phillips paper's. The reference number 13 that is used to justify this affirmation is from Okonufa, no from LS Phillips.

Are the data sound and well controlled?

Line 198.- In the coding section there are too many words and a table or figure that summarize the information could be more easy to understand for Readers. A meta-agregation figure or table could be of help. Meta-aggregation is a method of systematic review that mirrors the processes of a quantitative review whilst holding to the traditions and requirements of qualitative research (it aggregates
findings into a combined whole that is more than the sum of the individual findings in a way that is analogous with meta-analysis). Some examples of meta-aggregation figures or tables can be found in the literature.

Line 203 Terms.- As it was said before, the original term is “clinical inertia” so this must be the first concept to initiate the comment.

Line 221.- Definitions.- Probably the category "semantic" must be an unique section without differentiating terms and definitions in different sections. For readers, is more clear to see the terms and its definitions together. A table including terms and definitions could be of help.

Line 259.- A new term “clinical miopía” is defined in the “WHO” section. It could be more apropiate to include it in the "term" section.

Definition and causes are not equivalent. The aim of the paper is to review the concept and definition of therapeutic inertia but not to analyze its causes, that will need a different strategy. So the results must focus on this aim.

Another question to be answered is how to measure inertia in research. In table 1, could be of interest to describe how different authors have measured inertia.

Is the interpretation (discussion and conclusion) well balanced and supported by the data?

Line 420.- Strenghts and limitations.- Authors pointed that there is no standar method for this kind of research. There is a systematic qualitative review strategy from the literature that is well defined in Cochrane Library or Joanna Briggs Institute (http://joannabriggs.org/sumari.html) (Qualitative Assesment and Review Instrument, QARI) from the University of Adelaide . With this instruments the quality of the studies can be also described.

Are the methods appropriate and well described, and are sufficient details provided to allow others to evaluate and/or replicate the work?

Methods are not apropiate but could be improved.

The systematic review process should be transparent and replicable

Nevertheless this is a qualitative review as it is not focused on quantitative results from intervention studies; this study is based on a qualitative analysis about definitions of therapeutic inertia in hypertension. So it could be more clear to use the term "qualitative systematic review" instead of "systematic review".

Inertia is still not a Mesh in Medline as it is more difficult to find adequate information as no controlled language can be used, so this problema must be commented.

The search is focused on primary care. But no Mesh related to primary care have been used in the Search strategy for identification of studies. Including this mesh (general practice, family medicine, primary health care) the results could be different.

Line 127.- Related to the data bases that have been used LILACS is not included. This database is International as Medline, and includes languages as
spanish, portuguese and english. One objective of a systematic review is to include all international databases of interest as LILACS is. This database have many papers from America (northamerica, southamerica) and Spain and Portugal. Aditional searches. By the other hand google is used as a database. Google is a metasearcher or a web page but it do not have a systematic search. Google scholar could be of more useful to retrieve information of interest (unpublished papers in journals and doctoral thesis). Also the Digital Library of Theses and Dissertations. Or Open Gray for grey literature.

Line 143.- Personal databases from Experts can not be replicated in another research. More information is needed about this source of information in order to make it replicable.

Line 184.- In the results section a manual search of the unpublished literature is commented but in the method section this manual search is not mentioned. As we said before personal databases must be identified in order to make replicable the search by other researchers.

Some MESH as “patient non-adherence” or "medicatoin adherence" were not used in the search strategy. The term "treatment intesification" could also be of interest.

What are the strengths and weaknesses of the methods?

The aim of the study is of interest and the method (systematic review) is very appropriate.

The metodology of qualitative systematic review could be improved. Some data bases have not been reviewed as LILACS. Related to grey literature, the Digital Library of Theses and Dissertations or Open Gray could be of interest too.

Regarding manual search, to use personal data bases from experts is not the concpeto of manual search. The access these personal databases must be specified in order to replicate by other authors.

Regarding definitions and terms, a new table or figure is needed in order to clarify it.

Can the writing, organization, tables and figures be improved?

Yes.

When revisions are requested.

Revision is recommend for the following reasons:

- data need to be added to support the authors' conclusions;
- better justification is needed for the arguments based on existing data;
- the clarity and/or coherence of the paper needs to be improved.

Are there any ethical or competing interests issues you would like to raise?

No. The Project received a Grant from Pierre Fabre and from the French College of GP Teachers.
Are the included additional files (supplementary materials) appropriate?
Yes

**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