Reviewer's report

Title: Agreement between self-reported and general practitioner-reported chronic conditions among multimorbid patients in primary care - Results of the MultiCare Cohort Study

Version: 2  Date: 19 December 2013

Reviewer: Margrethe Smidth

Reviewer's report:

Dear Editor,

Thank you very much for giving me the opportunity to review this interesting and very comprehensive paper. A lot of work has gone into the study with many analyses of many data. The authors deserve appreciation for this piece of work where they set out to compare the experience of disease status both with patients and with GPs which is a novel approach. I do, however, have some major as well as minor comments.

- Discretionary Revisions (which are recommendations for improvement but which the author can choose to ignore)

- Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

1) The manuscript would benefit from a thorough editing and a revision by a native English speaker.

- Major Compulsory Revisions (which the author must respond to before a decision on publication can be reached)

1) There is a relevant and comprehensive list of references. However, the referencing does not follow the usual scientific method of references inserted after the sentence where the reference is mentioned. This is throughout the paper and should be corrected as it is disturbing to the reader to look for the references.

2) The abstract

The Conclusion of the abstract third sentence: “The results may help....” This is a conclusion of the study and should describe if the patient types have been identified or not.

3) The Background section

Paragraph 2 ends with sentences written in three different tenses. They should be corrected and adjusted in a more comprehensive way. The background “story” has
led to the following reach questions…… which will be examined in this paper i.g.

4) The Methods section

It might have been published in other paper but as this paper’s main focus is on multimorbidity it would be beneficial to have the authors definition of multimorbidity - two or three diseases?

I am wondering why ICD-10 is used. It is a disease classification system for use in hospitals and not in general practice. ICPC classification system is the system which should be used to classify diseases in general practice. I would like the authors to elaborate on their choice.

5) The Result section.

The whole section is very long and too detailed. The section should present a few interesting findings and the rest can be deducted from Table 2.

6) The Discussion section

The section is too long and should be edited and rewritten to follow the practice of comparing what this study found with what is found in other studies instead of just mentioning that other studies were able to show this as well.

In the subsection Patient characteristics associated with agreement paragraph 3 last sentence is a conclusion on where further research could be applied and should be referred to a Future research section.

In same subsection paragraph 5 it is stated that the number of patients with a positive statement and depression is small which may result in low statistical power. N= 119 could in other studies be considered a reasonable size and might it be that the rest of the results is just because of the large sample size?

Still the same subsection in paragraph 6. Why can it be assumed that the record keeping is more accurate with increased care burden? References needed to prove so as one could also pose the assumption that with more to keep track of the GP will be too hurried to keep records updated.

7) The Conclusion section

The section can be rewritten to precisely conclude on this study namely that it is important to know which diseases have a high disagreement and that this study show some patient characteristics that have influence on the quality of agreement. Do we know if targeted communication improves patients understanding of illness?

I think that the last sentence should be something like "Hopefully the results from this study can guide the development of clinical guidelines and thus optimize health care"

8) Table 1. It would add to the readability of the table to add the numbers in an added column and not only display the percentage, leaving it to the reader to calculate the numbers. This is will be especially useful for the GPs number of patients treated in practice… I would also find it interesting to know which size of practice the GPs work in as there might be differences between single handed practices and practices with more GPs.
9) Table 2 presents the characteristics of the study sample. Like in Table 1 I would like to see the actual number and not only the percentage. It will be possible to add two more columns and have the % sign at the top in the instruction to the table.

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

**Quality of written English:** Needs some language corrections before being published

**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 interest