Reviewer's report

Title: Patient and GP Experiences of the Osteoarthritis Consultation: a 'negative triad'? A narrative review of primary care osteoarthritis research

Version: 1
Date: 14 November 2013

Reviewer: SUDEH CHERAGHI-SOHI

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Major Compulsory Revisions

1. Ensure that the context for the research question is well supported. There is a considerable leap from the statement: “In randomised controlled trials of treatment of OA, significantly improved outcomes in control groups have been attributed to the interaction between patient and practitioner [1]. To: “This suggests there maybe therapeutic aspects of the consultation itself, for patients with OA.” There is little acknowledgement or discussion of possible other reasons. More discussion of the fact that there are multiple possible reasons, provider/consultation effects being one, is needed before focusing on the consultation. Furthermore, more work to disentangle the issues to show that it is not the provider and their characteristics etc but the consultation content and format that is the important aspect and why this review should focus on it. This section could also benefit from additional material and references to justify your proposal. For example, you state “Understanding consultation events may provide insights”. Are there any other clinical areas where research has looked at “consultation events” which may have helped some conditions – this would strengthen your case for looking into this. So you could re-phrase as “Consultation events in other chronic illnesses have demonstrated....”

2. The issues for this review in terms of methods are similar to the other paper. It is difficult to see why you have run two different searches, it is not justified clearly. You also mention “Many papers included consultation experiences...”. Try not to discuss findings here. Need to rephrase as “Where papers included....”. The table needs to clarify that columns 1-4 are do not pertain to one search. In this section you need to mention how many abstracts were retrieved, how many were excluded (based on what criteria (broadly i.e. 100 excluded as not OA). I appreciate this is a narrative review – but transparency is still required and the reader needs some idea of how many articles were selected out of how many and how many were excluded (and based on what reasons). Have a look at the PRISMA statement.

EMBASE is an important database that is missing. “Many papers included consultation experiences when this was not explicit in title or abstract so ‘consultation’ and synonyms were not part of the search strategy; instead, all qualitative papers identified were manually searched for evidence of consultation experience.” This statement is unclear.
3. I don’t understand the significance of what you are trying to convey with the second sentence under diagnosis. Although it is slightly contentious on how narrative findings are best presented, it does not do any harm to indicate the number of studies that discussed certain topics. This often enables the researcher to question why x number discussed one concept whilst others did not. Was it simply because it wasn’t in their remit, or that they did not discover the phenomena. You switch between GP perceptions and patient perceptions, almost trying to fit this model under the specific sub-headings. It may be more useful to look at the GP perceptions and patient perceptions separately as they might not fall into the same categories you have written. Under Explanations and information exchange, you are contradicting your statements. The first sentence claims OA is normal for age and the third sentence claims there is evidence where patients rejected this notion. Think about your wording and how you present your findings. You may want to say something like “The majority of studies indicated that patients felt their OA was normal for their age”. Then try to add some detail, why, under what circumstances, what were the reported consequences? This is moving away from simple description but not moving on to discussion.

The fatalistic viewpoint is important and is really interesting and potentially rich data. What are the reported chains of events, how do patients respond, how to GP’s respond. There might be much more here than you are reporting.

Again, it’s not about quantifying but when starting a passage it is nice to know how many studies might have discussed patient education or thought it was an important element? When you have this many studies, why are you drawing on individual examples from individual patients? - seems out of context. References in this section need attending to. Again try to keep sentences short wherever possible i.e last sentence of “Management of condition”. Under pain control – you talk about opiates. Try to move away from description and glean what is happening. Do these papers provide any indication as to why opiates are so minimally used? What do patients think – is there any data regarding this? As a reader, this is what I would be interested in. You then go on to talk about medication side-effects – do these include opiates? You talk about an American study of OA patients not receiving information on the side effects of NSAIDs – in what context/detail/format? I am sure that all prescription and OTC NSAIDs in the US are provided with an information leaflet in line with FDA guidelines. You need to be more specific in these instances and home in on the problem and the main finding. You also report findings of a systematic review in the results. Was this review included in your narrative review? – if so you need to be explicit and justify in methods as to why you felt it appropriate to include reviews. You discuss psychosocial issues and depression with little evidence for it, but earlier mentioned the issue of fatalism. You should think about potential links between the headings you report (not just in relation to this section). Overall this section needs more work and the findings need to be brought together in a coherent structure.

4. Deriving four ‘themes’ from the included studies is fine and a sensible way to
present the findings. However, it is not clear how the four findings were derived from the content and weight of the included studies. More information here is required.

5. It is unclear how papers were selected, data extracted, and presented. What was the type of analysis?

6. Also, although mention of CASP is made, but nothing further on the quality of the included studies.

7. I do not think that there is enough discussion around the “negative triad” concept either in the abstract or the paper. The paper would benefit from focussing the findings and discussion around this.

Minor Essential Revisions
1. “Information about the consultation sought from” – references needed to support the various methods cited here.
2. The conclusions are limited and there is limited attempt to tie the findings in with existing and wider literature to support or refute statements. A few references are made, but generally to NICE guidance and that of included studies. More referencing is required throughout.
3. Some discussion of the limitations of the review is required.
4. Referencing software issues again e.g. pg 7.

Level of interest: An article whose findings are important to those with closely related research interests

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