Reviewer's report

Title: The Patient Perspective on Overactive Bladder: A Mixed-Methods Needs Assessment

Version: 1 Date: 11 August 2013

Reviewer: Mary H Palmer

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Major Compulsory Revisions

1. The authors need to clarify in the manuscript whether the survey and interviews addressed all OAB treatment options or specific treatment options (and which ones). Knowledge, attitudes and barriers to adherence are concepts used in other studies, but ‘desires and tendencies’ were not well-defined in this manuscript and it may better be stated as patient preferences.

2. How were informed consent and confidentiality assurances done?

3. Under Methods, not enough detail about the sample and protocols used was provided. What is the Research Now database? How is it accessed? Was the survey pilot-tested? Were telephone interviewers trained? Were the people interviewed different than those who took the survey? How was OAB and UI defined? Did you use ICS definitions? Did you use validated instruments like the UDI or IIQ for bothersomeness or impact in your survey or interviews? The second paragraph of Methods seems more like Results. In the third paragraph what does “a sufficient number” mean?

4. Results: The results should be discussed in the same order as the research question: knowledge, attitudes, etc. Please provide a description of your sample either (or both) in the text and in a table.

5. The readers need to see the /description composition of the sample of those who did the survey and interviews. What was the analytic plan? How did you handle missing data? Provide a table that details sample characteristics and history. Readers need to know the sample size and the number of respondents for each item).

6. Provide data to support your assertions in your Results and Discussion. Instead of using a term like, “many” give a rate (numerator/denominator) so readers get a sense of the magnitude of the problem/issue. The absence of data in Results makes it difficult to evaluate this section. Please create a table that provides results from the survey and the interviews.

7. Discussion: After you present specific (data) information, discuss in terms of what other researchers found. How does your results compare? What new information have you presented and why is it important? For example, is there
evidence that people live with other chronic conditions for a while before seeking help or is this unique to OAB?

8. Please discuss limitations of this study. These include self-selection (a major issue in terms of generalizing your findings), use of an instrument that does not include validated scales or tools. The manuscript does not provide data to support the assertions and too little information about the sample and methods make it difficult to evaluate the noteworthiness of the findings.

9. Conclusions. This section is too long and does not distill implications of the findings.

Minor Essential Revisions

1. Some subjective words are used throughout: suffered for long periods for example. How was suffering and long periods defined? Other subjective terms: "only, few, some, and more" should be deleted and in their place provide specific details (rates are better than percents).

2. Provide detail about adherence starting high (how high) and “falling over time”. How far and how fast? The Results section is too vague and lacks detail for the reader to interpret or discern major findings.

Level of interest: An article of insufficient interest to warrant publication in a scientific/medical journal

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.