Reviewer's report

Title: Assessment of Dizziness Among Older Patients at a Family Practice Clinic: A Chart Audit Study

Version: 1 Date: 15 April 2004

Reviewer: Lucy Yardley

Reviewer's report:

General

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

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

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Discretionary Revisions (which the author can choose to ignore)

In the introduction it is not made clear to the reader which studies refer to dizziness in mixed-age or working-age populations, and which studies are based in older populations - since the etiology differs by age it might be helpful to clarify this.

In the discussion section the authors suggest that the low number of cases with worsening symptoms confirms the essentially 'benign' nature of most dizziness. However, I would wish to qualify this statement since (as the authors rightly point out in the introduction) persistent dizziness, albeit not life-threatening or progressive, causes significant problems such as disability, reduction in physical activity, and falling. Describing the outcome as benign, although technically correct, may contribute to the current under-investigation and sub-optimal management of the symptom.

The authors state that their ultimate goal is to identify the predictors of best management of the condition, which is clearly a useful objective. It might therefore be worth noting that a limitation of this study, which represent a small step towards this ultimate goal, is that they have taken achieving a clinical diagnosis as a key outcome to predict, but there is no evidence that the clinicians' clinical diagnoses were accurate, reliable, or predicted better management or outcome for the patient. (In our own clinical trial of vestibular rehabilitation for dizzy patients in primary care, which we have recently successfully replicated, diagnosis did not predict outcome; see Yardley et al, 1998, British Journal of General Practice, 48, 1136-1140).
What next?: Accept after discretionary revisions

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests: None