Reviewer’s report

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

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Reviewer: JP Michel

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Comments

The authors seem to be well acquainted with the problem: in the Background section, they describe the situation with appropriate review of the literature. Unfortunately, the statistical material collected through their chart audit is so limited in size that discussion and conclusion could only be based on superficial and inconclusive analysis. From the editorial point of view, the paper is well written and easy to read.

Specific points

1- Why was the sample reduced to 50 patients randomly selected out of 310 charts that were satisfying the inclusion criteria?
2- For almost all variables, the number of not documented cases was higher than the number of actually documented cases. Was there no better way to select the cases among the 310 eligible subjects?
3- Tables give frequencies and simple percentages, the latter not always being of great relevance. For instance, Table 2 shows that 20% of desequilibrium cases were female (n=10) and 18% male (n=9), whereas the actual desequilibrium sex-specific rate was 34.5 % for female and 42.9% for male (the sample containing more females than males). This observation applies practically to all tables and to the corresponding comments in the text. As an other example, in Table 3 percentages of diagnosis are calculated for 50 patients, while only 27 subjects had a diagnosis.
4- How should we distinguish “predisposing risk factor”, “key quality indicator” or “diagnosis” when it refers to conditions (like depression, anxiety) able to contribute or possibly to cause dizziness?
5- The authors honestly recognize all the limitations of their study. In fact, one good part of the paper is the last paragraph of the Discussion where they explain in detail how future studies should be designed, aiming at better management of dizziness cases.