Reviewer's report

Title: General practitioners’ reasoning when considering the diagnosis heart failure: A think-aloud study.

Version: 1 Date: 8 November 2004

Reviewer: Stephen Rogers

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)

1. Analyses section describes how inter-rater reliability measured on double coded sample, but does not describe how arguments for and against CHF were analyzed and compared against guidelines.
2. In my view the important findings are a) GPs do not use clinical signs and symptoms as per guideline; b) they tend to rely on "patient scripts"; c) a substantial minority do not draw on ECHO information in their decision making and d) guidelines provide inadequate information of diastolic HF. These are the findings that should inform the discussion and conclusions
3. I do not agree that the GPs use of patient scripts implies that guidelines should be changed accordingly (depends on positive predictive values)
4. I do not understand the last sentence in the first paragraph of the results. Should this follow the sentence of the level of agreement on the content of variables?

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Discretionary Revisions (which the author can choose to ignore)

1. Is the question posed by the authors new and well defined?

Yes, arguments for and against CHF were analyzed and compared against guidelines.

2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work?

Analyses section describes how inter-rater reliability measured on double coded sample, but does not describe how arguments for and against CHF were analyzed and compared against guidelines.

3. Are the data sound and well controlled?

Compares performance of coders. Should be robust.
4. Does the manuscript adhere to the relevant standards for reporting and data deposition?

Not clear

5. Are the discussion and conclusions well balanced and adequately supported by the data?

One of the findings was that GPs do not consistently consider symptoms and signs as entry criteria for the CHF diagnostic algorithm. This finding is not represented in the summing up (last paragraph). This is a potentially important finding as the performance of the diagnostic tests will be influenced by the baseline prevalence of CHF in the population assessed.

I do not agree that the observation that GPs use "patient scripts" including co-morbidity, age etc to diagnose heart failure implies that this information should be included in guidelines, but it does imply that the positive predictive values of such information needs to be understood through new research if not already in the literature).

The authors say in the introduction that GPs tend to over-diagnose CHF. The authors reflections on this in the light of the study findings would be of interest and of value to individual doctors, patients and health service managers.

6. Do the title and abstract accurately convey what has been found?

In my view the important findings are a) GPs do not use clinical signs and symptoms as per guideline; b) they tend to rely on "patient scripts"; c) a substantial minority do not draw on ECHO information in their decision making and d) guidelines provide inadequate information of diastolic HF. These are the findings that should inform the discussion and conclusions

7. Is the writing acceptable?

Yes, with the exception of the first paragraph of the results. I do not understand the last sentence.

What next?: Accept after minor essential revisions

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests