Reviewer's report

Title: Difficulties associated with out-patient management of drug abusers by general practitioners. A cross sectional survey of general practitioners with and without methadone patients in the French-speaking part of Switzerland.

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Reviewer: Nat Wright

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General

This paper covers a relevant and important topic. The management of drug misuse within the primary care setting is a rapidly growing field that is increasingly receiving international attention. However I feel that this paper would need significant revision prior to publication.

Background

On line two of this section the authors use the term office based practice. My understanding is that this is a commonly used American term for community based treatment of drug users. Many of the European readership will be unfamiliar with this term and the authors need to state whether it is synonymous with either the terms primary care based practice or general practice. In the second paragraph there is a typo, the word continuous should be typed without an “e”. The authors use references 1, 3 and 4 to support the statement that burnout, lack of training and negative attitude and a lack of motivation have been reported widely among the population of GPs. They would also do well to refer to a recent cross sectional survey reported in the British Journal of General Practice. One of the key authors was John Strang and it is a more recent piece of work that could support this statement.

Methods

In this section the authors stated how they created the interview questionnaire during semi-formal interviews. They need to state whether or not the questionnaire tool was formally validated with inter-rater techniques. If this process is not undertaken it needs to be acknowledged as a limitation of the study.

Results

This is the most disappointing section of the paper, the authors have not reported on the effect size chi-squared test. It would also have been helpful to have been provided with some data as to whether the non-responders were different from the responders (for example the following variables could have been reported: whether the GP practiced alone or in a group practice; or response according to geographical region) A response rate of 63.6% though less then the conventional 75% which is acknowledged as a good response rate is nevertheless good for a survey undertaken in the Primary Care setting. The authors would do well to draw on the literature pertaining to the difficulties in obtaining responses from busy GPs working in the primary care setting.

The third paragraph section starts with the statement 73% of the PT would not accept more patients, the number of patients that the PT would like to have on MMT is less then the number that they actually treat. This is a confusing statement that at face value appears contradictory. It seems to say on the one hand that these doctors do not want to accept more patients, yet they would like to have more patients taking methadone maintenance therapy. This statement is followed by the statement
“the highest daily methadone a GP ever gave is 120.4/day (mean). It would have been more helpful here for the authors to also have supplied both the median highest dose and the mode. Methadone dosing in Primary Care is a contentious area where in many countries under-dosing takes place. Where data is skewed, reporting of mean doses alone will not present the full picture. On the following page the authors write “the percentage of physicians who had received requests for methadone treatment was high (52%)” I assume the abbreviation PWT should be inserted before the term physicians.

Discussion

This section starts with a statement "The majority of the PWT (88.7%) refused to treat MMT patients". This begs the question: What of the 12.3% who do not refuse to treat those on MMT therapy but do not have any patients?. The authors need to interpret this finding. Is it just that they have not been encouraged to take drug users, or do those GPs feel that they do not have any users residing in their practice area. It may be that the survey findings are unable to provide answers to these questions. However at the very least the authors need to highlight this as an area meriting further research activity.

On the following page there is a helpful section describing the need for more medical specific training during residency and the development of role models within faculties which could probably contribute to improving physicians’ attitudes. I would also add here a need for third party (e.g. drugs worker or drugs nurse) support to GPs. The current evidence base evaluating Shared Care Scheme for General Practitioners working with drug users documents the elements of third party support as something that GPs value highly.

In the following paragraph the authors state that the highest daily dose of methadone is rather low, I am unable to agree with this statement. Recent Cochrane Reviews on methadone maintenance therapy for injecting drug users describes a robust evidence base for methadone maintenance in the region of 60 – 100mg. There is also an evidence base up to 120mg but the evidence is less convincing for doses above this range. I would argue that this review needs to be referred to.

The last paragraph on this page there is an illuminating discussion regarding health insurance companies reimbursing patients so that they can pay their physicians directly. They state that this process is difficult for a drug addicted patient to reimburse his/her physician and state that this system is specific to Switzerland. The authors need to clarify this for the international readership. The question that I have is that is such reimbursement to the drug user problematic because the drug user will spend the money on illicit drugs rather then paying their physician? In some parts of the world (e.g. United States of America) drug users do part fund some of their treatment costs and this needs to be alluded to with a discussion of the relative merits.

On the following page I’m assuming that in paragraph two there is a typo, this paragraph concludes “compared with 50% PTW”. I assume this should read PT. On the following page the authors state that the median number of patients managed by the PT represented in this survey is fairly high per practitioner. This statement needs to be justified. Certainly in other countries (for example in the United Kingdom), case loads of between 20 – 30 drug users per general practitioner is not unusual.

Conclusion

This section reads well and my only point for this section would be that the term “shared care” needs to be defined. Does the term refer to “sharing care” with specialist based medical services or do they mean sharing the care with a third party (e.g. drugs worker or drugs nurse)?