Reviewer's report

Title: General practitioner attitudes to the care of people with epilepsy: an examination of clustering within practices and prediction of patient-rated quality of care.

Version: 1 Date: 4 October 2004

Reviewer: William O Tatum IV

Reviewer's report:

General
This study is a new and important study but suffers from several limitations.
1. One major criticism is in the study design. The cohort with “active epilepsy” is not well defined or stratified and is lumped into one large category and not subdivided into those that are controlled or uncontrolled or even compared with other chronic disease states or conditions. Because more than 30% of patients with epilepsy will be uncontrolled with AEDs (Kwan P, Brodie M. NEJM 2000;342:314-9), this is an important group of patients that GPs will see. The impact on of seizure control on GP attitudes to see epilepsy as a primary care responsibility, (or have patients perceive such attitudes as quality care), may very likely be entirely different between these groups. As such, a sub-analysis to compare “attitudes” between those controlled and those uncontrolled would be critical to distinguish between these two important groups of patients. In general, those that are uncontrolled would very likely benefit from referral to a specialized epilepsy center for consideration of medical as well as non-medical therapies. These recommendations have already been published and should be recognized and cited in the concluding remarks (Wiebe S et al. NEJM 2001;345:311-8; Engel et al, Neurology).

2. Another is an ethical consideration. There is the implication that GPs need to adopt the view that epilepsy be viewed as a primary care responsibility in order to have patient-rated satisfaction. The authors note that “it is important to target changing GP attitudes within practices rather than focusing on educational interventions...”. I am concerned that this may underscore the importance of an expanding armamentarium for the medical and surgical treatment of patients with epilepsy and shift the focus from an evidence based approach (or at least an expert opinion) to epilepsy management.

Minor Compulsory
1. It is unclear in the methods section that written informed consent was obtained from the patients and that institutional review/ human subjects committee approved the study. Adding a statement to address this will help develop the methods portion of the manuscript.

In general:
This is a large and important study of GP group attitudes in the UK toward patients with epilepsy and patient self-reported quality of care obtained using a survey design. The study is timely in the evolution of a world-wide trend in health-care management to fragment individual continuity of care. While an influence of GPs has been noted in partnerships, a clustering of attitudes towards people with epilepsy is not reported within group general practices and related to patient self satisfaction.

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

One major concerns surfaces during the review of this manuscript.
1. There is the implication that changing group GP attitudes is more important than educational or skill-related knowledge (such as obtaining clinical information on epilepsy) of performing best medical practice though I doubt this is what the authors really wish to promote. Accepting a key role
in management may not be better for patient outcome than developing skills in medication management (or knowing or recommending when to refer to a specialized epilepsy center). Including a statement about appropriate standards of epilepsy care (Brodie et al. Epilepsia 1997;38:1245-50.), following expert opinion (Karceski S et al. Epilepsy & Behavior 2001;2:A1-A50.), or when to refer patients to tertiary care epilepsy centers (Engel J. NEJM 1996;334:647-52.) when planning primary care interventions may provide useful guidelines for the reader to help consolidate the study results.

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

Minor Compulsory

1. No validation of the “attitudes” is included nor the rationale as to how and why these particular items (“factors”) were selected is explained. Are they based upon prior studies (i.e. Thapar A et al. Fam Pract 1998), randomly selected etc?

2. The Methods section is difficult to envision with respect to the 2 components of observational and interventional portions of the study as well as explaining and detailing the completion of the prompt-reminder cards. This section would benefit from revision. In addition the first paragraph of the Methods section is unclear and needs to be further elucidated.

3. The statistics are too detailed for this type of study and occupy more than 50% of the Methods section. This portion should be condensed and limited to a few methods.

4. The limitation of this study (survey design, selection bias, lack of inter- or intra-comparator groups, retrospective assessment of GP attitudes etc) is not recognized within the discussion or conclusion. In particular, all patients with “active epilepsy” are examined without respect to the heterogeneity of seizure disorders or their degree of control. Some mention is made of patient perceived quality of care though it is important to include the relationship between seizure freedom and actual (vs. self-reported) quality of life.

5. The wording style is difficult to read. Significant predictors of patient-rated quality of GP care were stated but not defined as to how they are related (i.e. were young female anxious patients able to share in the decision-making process those that were happiest?) Terms such as “fits” should abide by the ILAE terminology and seizure and seizure classifications should be utilized.

Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: Yes

Declaration of competing interests:
None