Author’s response to reviews

Title: General practitioner practices in requesting laboratory tests for patients with gastroenteritis in the Netherlands, 2001-2002

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The authors have clarified the reasons for performing the study. One reason is to make it easier to interpret surveillance data (line 5 and 6 on page 4). As such, this reason is clear. Perhaps the authors could explain in the discussion what they have learned additionally? We especially found the results of the requests of viral pathogens important. The study showed that most GPs were unaware of the importance of viral pathogens, according to their practices in requesting tests. We have elaborated on this subject a little more in the discussion.

In the last sentence of the background, it is suggested that the guidelines probably need revision. I suggest to put it more cautious, in terms of ‘possibly need revision’. We have changed this accordingly.

In the results, I suggest to delete the phrases on page 8 concerning sex differences. In my view, the relevance is poor and the remarks are not supported by data. We have changed this accordingly.

Also, the remark ‘borderline significant’ on page 9 should be removed. This remark has now been omitted from the article.

In the discussion the authors recommend testing for rotavirus during the winter season. I think we should be careful in promoting this. Guidelines might give recommendations for specific situations, thus preventing a widespread (and unbridled) use of this test in every person with diarrhoea. We have made it more clear in this section that we recommend testing young children (especially in the winter months) for rotavirus. Perhaps less tests on bacteria can be achieved if samples are tested for viruses if a viral cause of the complaints is highly likely. Also, we have added some references about rotavirus in adults. We suggest now that for adults testing for rotavirus can be considered if no other pathogens can be detected.

In the last section on page 14, the authors should pay attention to a strict separation of the aspect of non-adherence and the need for better implementation of the guideline versus the aspect of the quality of the information in the guideline. The results show a poor adherence to the guidelines, irrespective of the fact that the guidelines may not be up to date. We have changed this section so that the separation between these two aspects is more clear.