Author's response to reviews

Title: Do general practitioners adhere to the guideline on infectious conjunctivitis? Results of the Second Dutch National Survey of General Practice

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Author's response to reviews: see over
Dear Madam,

Attached please find the revised manuscript entitled “Do general practitioners adhere to the guideline on infectious conjunctivitis? Results of the Second Dutch National Survey of General Practice” by Remco P Rietveld, Gerben ter Riet, Patrick JE Bindels, François G Schellevis, Henk CPM van Weert.

Thank you for the opportunity to revise it. In the same order as the reviewers I will reply to their comments and give a point-by-point description of the changes made. The changes in the article are marked in green.

Reviewer Leonard J Bielory:
1. In reply to the reviewers comment that in order to provide the reader the proper background to the prescription practice for infectious conjunctivitis we should provide in the backdrop of infectious aetiologies of conjunctivitis other forms of conjunctivitis, we would like to respond as follows. We agree that we should provide incidence rates of other forms of conjunctivitis or related eye disorders. Therefore we added Table 1 to the paper and added the following text to the results paragraph: “Table 1 shows the incidence rates of other diagnoses related to infectious conjunctivitis”.

<table>
<thead>
<tr>
<th>ICPC-code</th>
<th>Diagnosis</th>
<th>Incidence rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>F70</td>
<td>Infectious conjunctivitis</td>
<td>13,9</td>
</tr>
<tr>
<td>F72</td>
<td>Blepharitis, Hordeolum, and Chalazion</td>
<td>5,6</td>
</tr>
<tr>
<td>F71</td>
<td>Allergic conjunctivitis</td>
<td>3,3</td>
</tr>
<tr>
<td>F75</td>
<td>Foreign body</td>
<td>3,1</td>
</tr>
<tr>
<td>F02</td>
<td>Red eye</td>
<td>2,1</td>
</tr>
<tr>
<td>F03</td>
<td>Discharge</td>
<td>1,6</td>
</tr>
<tr>
<td>F73</td>
<td>Other infection eye</td>
<td>1,4</td>
</tr>
<tr>
<td>F85</td>
<td>Cornelia ulcer</td>
<td>0,8</td>
</tr>
</tbody>
</table>

Table 1. Incidence rates of other diagnoses in relation to infectious conjunctivitis. Incidence rate in n/1000 person-years
2. In reply to the reviewers comment that we critically need to add information about the use of combination antibiotic/steroid medications for the treatment of infectious conjunctivitis and also include comments from the guidelines on this practice we would respond as follows. We agree that the prescription of corticosteroids for conjunctivitis is not recommended in our guidelines. Furthermore, the general opinion is that corticosteroid prescriptions should be restricted to ophthalmologists alone, and, therefore, our data can be misleading. However, we are not able to extract reasons for prescribing corticosteroids from the database we used for this study. On the other hand we agree that we should emphasize in our paper that the prescription of corticosteroids for this disorder in not recommended. Therefore we added the following text in the results and discussion paragraph: “Surprisingly, 5% of all prescriptions consist of ointments, which contained corticosteroids. (Figure 2).” and “Surprisingly, 5% of all prescriptions contained corticosteroids, with or without antibiotics. It should be emphasised that this policy for infective conjunctivitis is not recommended in our guidelines, and the general opinion is that corticosteroid prescriptions should be initiated by ophthalmologists, after careful evaluation. The reasons for general practitioners to prescribe corticosteroids cannot be evaluated within our data. Possibly these prescriptions are repeated prescriptions which were first issued by ophthalmologists”.

Reviewer Peter Rose:
1. In reply to the reviewers comment that we misquoted the paper by Everitt et al. we would like respond as follows. Peter Rose is correct. Therefore we adjusted the text in the discussion paragraph as follows: “This in line with the results from the survey by Everitt et al., 13% (95%CI: 8-17) of the prescriptions concerned fusidic acid gel, compared to 87% (95%CI: 83-92) prescriptions of chloramphenicol”

2. In reply to the reviewers comment that we should put this paper in the context of the existing literature on guideline adherence we would respond as follows. We agree. Therefore, we added the following text and reference to the introduction paragraph: “Adherence to guidelines is reinforced when recommendations are more evidence-based, less controversial, and do not need a change in practice.” Reference: 9. Grol R, Dalhuijsen J, Thomas S, Veld C, Rutten G, Mokkink H. Attributes of clinical guidelines that influence use of guidelines in general practice: observational study BMJ 1998; 858-61

3. In reply to the reviewers comment that the section on ‘Clinical implications’ could discuss other scenarios for the future and that other studies have shown a high spontaneous resolution rate of bacterial conjunctivitis and therefore future policy might accept that it is difficult clinically to differentiate bacterial from viral conjunctivitis and offer patients no antibiotic or a delayed prescription, we would like to respond as follows. We agree with Peter Rose and therefore adjusted the text in the discussion paragraph as follows: “The prevalence of a bacterial origin in our trial was 32%. In a similar population Everitt et al. found a bacterial pathogen rate of 50%, whereas Rose et al. found a bacterial pathogen rate of 78% in children. As these studies showed, the spontaneous resolution rate of bacterial conjunctivitis is high. However, we also found that in culture positive patients the treatment effect tended to be strong. Furthermore, a diagnostic study by our group showed that it might be possible for the general practitioner to predict a bacterial origin in case of an infectious conjunctivitis by asking the patient three questions, namely glued eyes in the morning, itch, and a history of infectious conjunctivitis. These questions provided optimal discrimination between patients with and without a positive bacterial culture. However, this diagnostic rule has not been validated yet. Therefore, at this moment, we must accept that it is difficult to clinically differentiate between bacterial and viral conjunctivitis. As showed by Everitt et al., no or a delayed prescription is a safe strategy. Following this policy will help to reduce unnecessary antibiotic prescriptions.

We hope that our paper will be accepted for publications after this revision.

Yours sincerely,
Also on behalf of my co-authors,

Remco P. Rietveld, General Practitioner