Reviewer's report

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

Version: 1 Date: 27 May 2007

Reviewer: Peter Rose

Reviewer's report:

General
Thank you for asking me to review this paper. The paper broadly fulfils the BMC’s criteria for publication and could be accepted for publication providing the editor receives satisfactory response to the comments below.

The question posed by the authors is well defined but is not new. The data presented about conjunctivitis confirm previously reported data. The novel aspect about this work is the reporting of adherence to a guideline concerning infectious conjunctivitis. There is a literature on doctors’ adherence to guidelines and I would have expected reference to this literature in a paper on this subject. The methods and data analysis are sound and the limitations of the study particularly relating to the data collection, are discussed well. The prose is stilted in places, but I am sure that your copy editor will be able to make suggestions about this.

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

I would recommend one compulsory revision. The authors misquote the paper by Everitt on page 10. Table 1 in the Everitt paper states that 87% GPs use chloramphenicol as first line and 13% fusidic acid, not 13% and 46% as quoted in this paper. The conclusions drawn from these figures are therefore incorrect.

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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)

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Discretionary Revisions (which the author can choose to ignore)

Put this paper in the context of the existing literature on guideline adherence.

The section on ‘Clinical implications’ could discuss other scenarios for the future. The author’s diagnostic prediction tool is based on a study where only 32% cases grew bacterial pathogens and is not validated on another population; other studies have shown a higher incidence of bacterial aetiology. For example Everitt showed a 50% rate of bacterial pathogens in a similar population to Rietveld. (Everitt HA, Little PS, Smith PWF. A randomised controlled trial of management strategies for acute infective conjunctivitis in general practice. BMJ, Aug 2006; 333: 321; doi:10.1136/bmj.38891.551088.7C). 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.

What next?: Accept after minor essential 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: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I have published work relating to this subject