Reviewer's report

Title: Multimorbidity in general practice: Exploring its impact

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Reviewer: Elizabeth Bayliss

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General
In their manuscript, “Multimorbidity in general practice: exploring its impact”, the authors describe the level of morbidity found in a review of general practice records in Ireland, as well as barriers experienced in the process of obtaining this information. This is an important area of investigation given the prevalence of multimorbidity in primary care. My comments in order of their appearance in the manuscript are as follows:

Abstract: I’d suggest adding a sentence on the reasons behind the investigation into barriers to feasibility of multimorbidity research in this setting.

Introduction: Again, I’d suggest some more information on why look for barriers. Although the introduction suggests that the authors will explore the impact of multimorbidity on practice, the results are more descriptive of prevalence and barriers encountered.

Methods: The two paragraphs on inclusion and exclusion criteria could be combined. The statistical analysis would benefit from a bit more detail—especially with regard to which groups are being compared and why.

Results: There is a comparison between multimorbid patients and those with single conditions, but this concept of comparison is not introduced in the background or in the methods. (Though it is of interest and does reinforce the literature on multimorbidity causing higher utilization and medication use.) Tables 1 and 2 are clear. Table 3 is confusing in that the two N’s don’t add up to 92 (the number of multimorbid patients in tables 1 and 2), and it is not clear where the single morbidity group comes from. The list of barriers is interesting—there are multiple important points that each have a body of literature behind them and implications for research methods on multimorbidity. They would benefit from both categorization (when they are presented in the results) and also from some discussion in the next section.

Discussion: I would suggest dividing the discussion by category of results: findings and discussion around prevalence, and findings and discussion around barriers to studying multimorbidity through GP records. Although the discussion mentions the importance of patient perspective on care, and the impact of multimorbidity on practice (and I agree with the importance of both of these), these points seem peripheral to the main goals of the manuscript—the prevalence of multimorbidity, and methods of collection of information on multimorbidity.
Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
Reorganizing the discussion; clarification of single vs multiple disease comparisons; and N’s on table 3.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
Increased background information in the introduction; decision on how to present the issue of 'impact on multimorbidity' throughout the manuscript.

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: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests.