Reviewer's report

Title: Accuracy of Antibiotic Treatment in Intravenous Drug Users, a Retrospective Analysis

Version: 2 Date: 19 December 2007

Reviewer: Sigvard Mölsted

Reviewer's report:

This is a retrospective study of treatment and outcome of infections in IVDUs. It is well written and gives some new and interesting information.

Major Compulsory revisions:
None

Minor essential revisions.

The language is good, but is IVDU both singular and plurals? My knowledge in English is not sufficient so I am not sure. Check please, otherwise I think an s should be added in proper places.

Method:

The article concern patients with ID specialist consultations (420 of 2002 hospitalizations). For generalisations, it would be interesting to know your policy regarding IVDU. Are all IVDUs with infections seen by ID specialists, or only seen on demand? Can such patients be treated with antibiotics without your (ID)knowledge? So, I would like a clarification regarding the selection of patients, if possible, with number of patients with infections not seen by ID specialist. I think this can be done in methods or in the discussion section only.

Abstract: It is not stated in the abstract that the data is limited to patients seen by ID specialists. Also, in methods, information should be added that relapse rates are included in outcome data.

Tables.

I believe a table should be clear and understandable seen by itself.

The text given in all tables are now all different. I would like that all headings contain basic information about that- concern 344 hospitalisations by in total 216 intravenous drug users (IVDUs) seen by infectious disease specialists (ID) during a period of 5 years (for example, table 2, ....â##in 344 IVDUâ## is misleading), - in addition to the specific information regarding each table.

I believe table 1 can and should be improved. It is difficult to mix data from 344 events with 216 individuals.

Table 1: It can be questioned if the number of ID consultations is needed (method). In addition, there is some mixed data in the table. In the table heading
you state “data at the time of admission” and include data of length of hospital stay etc.

Secondly, participation data in opioid maintenance program is not clear. How can 17 not be in a programme of the 270?

Legend to figure 1: ID=Infectious disease specialist (in most places you write ID specialist?)

Discussion:
Line 8-13. Is not the last sentence, line 11-13, what you state on line 8-9?

I would recommend to refer to your tables or figures also in the discussion. It would make it easier to find the relevant results/data you discuss.

On page 13 , line 19 you have mean 37 years, but in table 38 years.

Discretionary revisions:
Introduction: In my opinion, the aim or goal of a study is stated in the end of the introduction and not in the beginning

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: 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