Reviewer’s report

Title: "Do European psychiatry trainees base clinical decisions on evidence?"
Decision-making and antipsychotic choice in European trainees - a cross-sectional survey of the European Federation of Psychiatric Trainees’ Research Group

Version: 1 Date: 14 September 2011

Reviewer: Stefan Priebe

Reviewer's report:

The authors present a nice little study on what treatments for psychosis psychiatry trainees may choose for their patients and for themselves. The study has a number of methodological limitations, most notably the incomplete response rate which compromises any claims for representativeness of the findings. However, these limitations cannot be changed any more and are difficult to avoid in this type of survey.

Since this is an open review, I am beginning my further comments on the paper with a very personal statement. To me, the paper reflects nicely what is wrong with psychiatry and why the specialty may have become so unattractive to the brightest young talents in medicine. Psychological treatments (arguably a much more challenging, exciting and complex form of treatment than prescribing drugs) is treated just as an “adjunctive” treatment. Most interestingly, many psychiatrists would like to have it for themselves but not necessarily for their patients. In terms of medication, all attempts to introduce evidence-based medicine have apparently had very little impact on the treatment preferences of trainees. One might cynically say that they are still “brainwashed” by the campaigns of big pharma and relatively unaffected by scientific evidence. Reading (or having heard about) a few studies do not seem to change this. One might conclude that evidence-based medicine has not managed to challenge the influence of big pharma, whilst at the same time the fascination of psychotherapy still plays second fiddle in psychiatry (although it remains most attractive in psychology with tough competition for places in clinical psychology training in most European countries).

Regardless of my above views, there are a number of other points:

• I am not sure whether the term “decision-making” is appropriate. The survey was not on decision making processes, and the paper does not tap into the large literature on this. The questions in the survey did not address how decisions are reached. They just asked for choices or, in my view the most accurate term, preferences. I suggest using a more precise terminology throughout the paper.
• In my version, table 5 is missing.
• The sample size should be sufficient to explore whether treatment preferences
significantly vary across countries and are associated with gender.

- The description of the methodology is inconsistent. In the Methods, the question on the influence of trials has been worded as whether these trials had influenced decision-making. In the rest of the paper, this is reported as an awareness of the trials which is something different. What is correct here and how was the question exactly worded?

- The qualitative analysis looks like a simple content analysis to me, but not enough information is provided to assess this. The analysis is unlikely to have anything to do with a grounded theory approach as claimed in the description of the analysis. I suggest the authors consult an expert in qualitative methodology, describe properly what they have done, use an appropriate terminology and provide more data to interpret the findings. The latter will probably include the frequencies of how often different categories have been mentioned.

- The selection of “a representative group of trainees” in each country remains unclear. Representative for what? What do “trainees from a similar institution” mean? If there was really an attempt to random sample, this should be described clearly. If however this was just an opportunistic sampling (which it looks to the reader), it should also be stated.

- Whatever the precise interpretation of the results I feel the conclusions can be sharpened. It is true, as the authors say in the discussion, that European trainees appear to base their treatment preferences on factors other than evidence-based medicine. However, the discussion should go a bit further. The study did indicate some of the reasons the preferences of trainees many of which seem to be pure myth (depending on where one stands on evidence-based medicine). Trainees simply argue with irrational or false assumptions which is an important finding that the conclusions should acknowledge and consider.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

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