Reviewer's report

Title: Epidemiology of frequent attenders - A 3-year historic cohort study comparing attendance, morbidity and prescriptions of one-year and persistent frequent attenders-

Version: 1 Date: 9 September 2008

Reviewer: Peter Verhaak

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Review Biomed Central Public Health: Epidemiology of frequent attenders

A well written paper that nevertheless raises some questions. Analysis is clear and well executed, but questions remain about the concept of “frequent attenders” as some kind of homogeneous illness category and about the conclusions drawn from the results.

In the Background section, frequent attendance is treated like an illness category. “Is it possible to treat frequent attenders and reduce their attendance rates” is a sentence, assuming that frequent attendance is a homogenous category for which treatment is sought. In my opinion, this is not the right question to be put forward. A better approach would have been to look for the different underlying illness categories, that together constitute the group of frequent attenders, which is the approach actually followed by the authors. In my opinion, the results learn that frequent attenders are partially chronically ill patients, partially patients with social and psychological problems and to some extent patients with unexplained symptoms.

However, the authors conclude that treatment of psychological problems are to be recommended in their implications of future research and clinical practice.

I shall elaborate on my conclusion that frequent attenders belong to at least three different kind of patient groups.

In table 2, the authors focus on the high prevalence of cardiovascular disease and MUPS. However, prevalences of Diabetes and Chron. Resp. disease are nearly as high, while MUPS is a conglomerate of 20 different symptom diagnoses. Moreover, the relative overrepresentation of Diabetes in the pFA group is among the highest, only exceeded by Social Problems. This relative overrepresentation is a more important indicator because it is insensitive for the magnitude of a category (for instance MUPS, being 20 symptoms together and Psychological/psychiatric problems, covering about 50 symptoms and diagnoses).

Therefore, I conclude from table 2 that Diabetes mellitus (not mentioned by the authors in the results section) is relatively overrepresented among persistent frequent attenders and more prevalent than all psychiatric symptoms and disorders, as long as they are taken separately. I would not endorse a single
emphasis on the treatment of psychological and psychiatric problems among frequent attending patients but ask for attention for chronically ill as well.

Major compulsory revisions:

Change language in Background and Discussion in such a way that “frequent attendance” cannot be interpreted as an illness. (“treat frequent attenders”, “natural course of frequent attendance”, etc.)

Diabetes Mellitus as overrepresented and as highly prevalent among frequent attenders deserves more attention.

Minor essential revisions

p.4: conflicting results are reported from two identical studies [12,12]!!

P12: …. our data reflects the day-to-day business

P12. …:”what the GP knows and registered” = “what the GP knew and registered” or “what the GP knows and registers”

p.13. The few longitudinal studies show regression of attendance rates to the mean in the long run [15,15,16,24,25]

Level of interest: An article of limited interest

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 declare that I have no competing interests'