Reviewer's report

Title: Antibiotics are prescribed inappropriately to adult pharyngitis patients and McIsaac modification of Centor score is the answer to reduce unnecessary antibiotic prescriptions in low socio-economic areas.

Version: 1 Date: 11 June 2012

Reviewer: Robert Centor

Reviewer's report:

This paper reports a relatively small experience in the treatment of pharyngitis in Pakistan. They collected clinical data and performed cultures.

Major compulsory revisions:

The Centor/McIsaac score should range from 0-4. I would assume that some patients would have none of the 4 indicators.

Discretionary revisions:

This paper suggests two major problems - overuse of antibiotics in patients having a very low probability of bacterial pharyngitis AND use of the wrong antibiotics. The Centor/McIsaac score can help with problem #1, but not problem #2.

My suggestions - focus on a discussion of how the clinical prediction rule could decrease antibiotic use dramatically, and also how you need an educational program to emphasize which antibiotics to use for empiric management of pharyngitis. Your point about using the prediction rule when one cannot afford rapid testing is important and needs even more emphasis.

I would minimize any discussion of validation on your population because your prevalence is too low to have adequate statistics. You clearly show a trend, but the confidence intervals would be too large to make meaningful conclusions.

On a purely personal note, in this patient population I am not certain why you choose the McIsaac modification. The original score works equally well as recently shown in the Archives of Internal Medicine.

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:

My only interest is that I created the Centor score.