Reviewer's report

Title: Real-life use of fluticasone propionate/salmeterol in patients with chronic obstructive pulmonary disease: A French observational study

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Reviewer: Ralph J Panos

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Real-life use of FP/SAL in patients with COPD: A French observational study Roche et al

This investigation was a French national assessment of FP/Sal prescription for patients with COPD from 2008-2009. Prescribers were divided into general practitioners and pulmonologists. Actual prescription patterns were compared with the licensing specifications (FEV1 < 60% predicted, history of repeated exacerbations, significant symptoms despite bronchodilator treatment) and the 2003 and 2011 GOLD COPD treatment guidelines. The investigators show very poor adherence to the licensing guidelines or to the expert consensus guidelines.

Major:

This investigation is one of many studies that demonstrate a huge discrepancy between the actual prescription patterns of practicing physicians and the licensing specifications and consensus expert opinion guidelines for the treatment of COPD. The key question that is not addressed in this manuscript is: What motivates physicians to prescribe ICS/LABA in patients who they believe have COPD? Or, more practically: how do patients prescribed ICS/LABA differ from those who were not prescribed ICS/LABA? (Some of the answer is buried in the appendix and should be moved to the manuscript.)

Further, in this study population, given the large proportion of treatment naïve patients, how and why is ICS/LABA the initial COPD treatment prescribed by GP’s or pulmonologists?

In figure 1, it would be useful to have another column showing the total group; show the proportion of participants whose FEV1 predicted was < 60% and the proportion of participants with >=2 exacerbations. It would be helpful to perform comparisons and calculate p values to clearly show the differences between the two groups also (for all tables including appendices).

In the appendices, it appears that nearly half of the physicians were inactive—does this mean that they were not practicing and that their responses were theoretically what they would do if they were practicing? The proportion of actively practicing physicians should be included in the main manuscript.

Another probably significant difference between the patients treated by the GP’s and the pulmonologists is the over 100% difference in the use of LACH/SABA. This difference should be discussed especially in light of the increased
respiratory symptoms among the patients treated by the GPs compared to the pulmonologists. Other apparent differences are the high utilization of oral steroids and antibiotics in the GP group-50-100% greater than the pulmonologist group; would this high use of steroids and antibiotics alter the classification of patients (based upon the definition of exacerbation) and increase the proportion in groups C and D.

Minor:
Throughout the manuscript, auto-questionnaire should be self-administered questionnaire.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**
I have no competing interests.