Reviewer's report

Title: Attitudes and actions of asthma patients on regular maintenance therapy: The INSPIRE study

Version: 1 Date: 4 May 2006

Reviewer: Eugene Haydn Walters

Reviewer's report:

General
1. The authors have gathered interesting data on a large number of adults with asthma, all (at least theoretically) taking regular inhaled ICS (plus or minus LABA). In general, the picture seems pretty miserable from the point of view of asthma guidelines and decades of attempting to optimise asthma medication and minimise asthma morbidity to levels that we know are possible. The population studied emerges as suspicious of ICS and minimalist in their use, and prepared to put up with a lot in their dedication to independence and self determination in their asthma management. They pursue a "sine-wave" of asthma control: the best they achieve is pretty poor but they also have frequent and significant asthma worsenings - one gets the impression of a pretty chaotic and anarchistic therapeutic lifestyle! The key here is the extent to which these patients' asthma and needs for regular disease-modifying therapy has ever been properly assessed, and whether their adherence with their therapeutic regimen can really be as good as they claim in Fig 5 (I note that there is no mention that I can see of this in the text). Either their assessment and/or drug regimen is pretty ordinary, or they are pretty awful patients!
2. The core questions here are who exactly are these patients, and who exactly are these treating doctors in this study, and why were the patients seeing the doctor at this particular time? Was it because they were in fact going through a bad phase? Are these patients and doctors typical? How generalisable are the data? Nothing about the study is really random in terms of selection (in spite of what is claimed).
3. What were the doctors and/or patients paid for their recruitment/involvement? Are there any objective benchmarks/metrics/inputs/outputs/demographics to say how typical they are respectively?
4. Why were both PCPs and specialists involved - would it not have been better to limit to one or the other? Did this make any difference if analysis was done separately? How many patients were "consulting" and how many "just getting a prescription" - does this matter to outcomes? As implied above the very fact that these highly individualistic patients attending their doctor at all at this particular time, have any deterministic effect upon the data from the week before, or indeed their recollection of events/attitudes.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
1. P5, para 3 is repeated verbatim in the next paragraph.
2. Should not the translation from English have been back-translated into English to test for validity? I thought that was usual?
3. The ACQ: the scores for control/non control seem remarkably low? It would be interesting to use the opportunity to calibrate the score against subjective experience the way the score is used pre-determines, it seems to me, the poor outcome. How robust are the data in Ref 15, and how applicable to the current population?
4. It would be very useful to know the actual dose(s) of ICS prescribed to the three control level groups. That might give some feel for level of appropriate prescribed management for this level of disease activity.
5. The "advert" for the sponsor's preferred style of use of ICS/LABA combination in Discussion,
p13, 2nd para would best be left out. There are no data presented here to support that therapeutic philosophy, and a charge of “marketing” would best be avoided (especially given the apparently close involvement of the commercial company in writing the paper). From the data, it seems far from clear where we go from here!

6. Table 1: use of rather vague terms such as “relatively” good/poor seem a pity; something rather more quantitative (VAS, for example) might have been better.

7. Table 2, Statement 7: phraseology and use of the word “any” is odd and ambiguous. The data though, would suggest pretty poor attitudes to compliance/adherence, contrasting with subsequent claimed practice! Comment about this would be worthwhile.

Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

I declare that i have no competing interests.