Reviewer's report

Title: Nonattendance in Pediatric Pulmonary Clinics: An Ambulatory Survey

Version: 1 Date: 29 September 2008

Reviewer: Janice M Johnston

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Nonattendance in pediatric pulmonary clinics: An ambulatory survey

1. Is the question posed by the authors well defined? Yes and No. The question is clearly stated but the issue remains as to why it is necessary to conduct this study in another specialist paediatric unit. Do the authors expect that each paediatric unit will have its own significant and important attendance characteristics for which explicit interventions would be needed to resolve or address the problem? It would seem more rational to look for generic, cross specialty reasons for non attendance and the potential implementation of a broadly effective nonattendance intervention. If the authors expect the different paediatric specialties to widely vary this case needs to be made in the introduction.

2. Are the methods appropriate and well described? This is a cross sectional study and as such will not be able to clearly identify the causal agents of non-attendance. Data was collected for all children under 18 years of age and included age, sex, origin, visit hour, and waiting time for appointment. Income inequity was assumed from living circumstance e.g. either urban, rural or nomadic.

These methods are appropriate but the authors have not collected important confounding and explanatory variables. The absence of this information limits the usefulness and interpretation of the data. Data on severity of illness, diagnosis or presenting problem, use of alternative services, referral source as well as other key socio-demographic variables (e.g. income, family composition and size, working parents, help at home etc.) were not collected. The lack of this information seriously limits the conclusions and potential recommendations that may be drawn from the data.

3. Data analysis: Age should be re-grouped for the data analysis according to attendance behavioural or lifecourse characteristics. E.g. parents maybe overly concerned with your children and babies (these children may be considered more fragile or susceptible). Age for young children should be grouped in such a way as to reflect these clinical characteristics. Perhaps the age grouping for primary and middle school should reflect characteristics of school, parents and or diagnosis/problems in this age group. Teenagers may attend the clinic unaccompanied and will have their own behavioural characteristics. As age is a predictor these subject characteristics should be considered. However this is
achieved there must be rational and valid reasons for such a grouping. The same is true for time of the day

All figures should have titles. However, figures are not needed for this data. Please use a table. Table 1 should contain the baseline subject data. The logistic regression model should be table 2. This table does not follow a standard layout for such a data analysis and is therefore not easy to follow and should be revised.

4. Much of the discussion should be in the literature review and goes beyond the current data. The discussion should be revised in light of the changes above.

Minor Essential revisions

The submission contains a number of English language and reference errors. These would need to be corrected before publication.

This has the potential to be an interesting paper but it should take a broader perspective, include many other important factors related to patient non attendance.

Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions