Reviewer's report

Title: Management of osteoporosis and associated quality of life in post menopausal women

Version: 1 Date: 30 July 2010

Reviewer: Deborah T Gold

Reviewer's report:

• Discretionary Revisions (which are recommendations for improvement but which the author can choose to ignore)

• Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

  o Grammatical, spelling and usage errors abound. Incorrect use of commas

  o When you discuss bone mineral density scores (introduction and later), you refer to “a bone mineral density (BMD) more than 2.5 standard deviations below the average value in young women.” Are those French norms? If so, say so. If not, tell us what 30 year olds you are using as normative.

  o In the 2nd paragraph of the Introduction, you refer to the NOF guidelines, then to the new French guidelines. All postmenopausal women have three major risk factors: age, gender, and postmenopausal status. What other risk factors are relevant here?

  o Methods, Participating Physicians: You use the term CEGEDIM database. Please define for those who don’t know what that means.

  o Methods, Subjects: Clarify why up to 10 women were recruited from each physician, but only 3 were used.

  o Methods, Data collection: You say that the physician collected data including “the age at menopause (if this had occurred)…” It is my understanding that this sample was constructed of postmenopausal women. If so, wouldn’t it have been impossible for the menopause NOT to have occurred. Clarify.

  o Same: Where is the list of risk factors from? Why not just use FRAX risk factors?

  o Results, Participating Physicians: Did you consider a table containing demographic or other info on physicians?

  o Results: Osteoporosis treatments: Can you provide data on calcium and vitamin D supplementation? At minimum, please give the numbers rather than “large majority”.

  o Results, Variables associated with treatment choice: You say, “…difference between SERMs on the one hand and the specific osteoporosis treatments (bisphosphonates and strontium ranelate) on the other.” I would argue that SERMs ARE specific osteoporosis treatments. If you want to differentiate
between them and other treatments, do so in a way that is meaningful.

Second to last paragraph of paper: You mention the sponsors of the research and how that might have influenced treatment choices. I would agree that it did. Also, you make your own argument why the quality of life data should be discarded. Without a healthy control group, your data aren’t very useful.

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

IMPORTANT: You discuss the new national guidelines for France, but you do it much too late and without explaining what those guidelines are. Is this truly an investigation of whether physicians are following those guidelines? Please bring the guidelines up early, explain briefly what they entail, and explain why they are important.

Clarification of purpose of study and justification of quality of life assessment. The latter is not well justified.

Table format: Titles are way too long and contain information that should be included in footnotes

In the second paragraph of the Intro, you say, “Public health policies for osteoporosis in France need to take into account the fact that diagnosis and management of women with osteoporosis is spread across three medical specialities, namely general practice, rheumatology and gynaecology.” This makes no sense whatsoever. In the US, those specialties plus endocrinology, geriatrics, internal medicine, and so on are also part of the mix. We know that no single group of physicians treats this disease. But public health policies should have nothing to do with WHO is treating but more with WHAT is being done (or in many cases, not done). Clarify.

At the end of the Intro, you begin to refer to adherence issues. Terminology here is at issue. Please read the guidelines from ISPOR (http://www.ispor.org/sigs/MCP_accomplishments.asp#definition) as well as the following paper (Cramer JA, Roy A, Burrell A, et al. Medication Compliance and Persistence: Terminology and Definitions. Value Health 2008;11: 44-7.). These will inform you that you should use the term compliance and perhaps persistence in describing this problem.

Results, Subjects: Table 1, the usual place in which scientists characterize their samples, is way too sparse. Other demographic and disease-related data belong here. Also, what do you make of the statement: “Women in the questionnaire population were younger, had been more frequently evaluated by densitometry, reported less fractures and were more frequently treated.” I am very concerned by the fact that there are three critical variables on which these two groups have significant differences. You must address this. And in the final paragraph under Subjects, this phrase has two problems: “consistent with a diagnosis of osteoporosis (< 2.5). Women consulting a specialist were more likely to have been prescribed a densitometry…” Please add SD after <2.5; also we do not prescribe densitometry. Find a more appropriate word.

Results, Quality of Life: I would delete the section on quality of life in its
entirety. This does not add substantially to the paper and seems to be added as almost an afterthought. In the last sentence of this section, you use “localisations”, a word that doesn’t appear in any American or British dictionaries.

Discussion, paragraph 3: Do you cover all approved medications for osteoporosis? Does the term bisphosphonates include zoledronic acid? What about teriparatide? Clarify

Note: The writing is not terribly clear nor does it always reflect acceptable grammatical or usage guidelines. This manuscript desperately needs an editor whose first language is English.

Level of interest: An article of limited interest

Quality of written English: Not suitable for publication unless extensively edited

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.

Deborah T. Gold, Ph.D.