Reviewer's report

Title: Problems and needs for improving primary care of osteoarthritis patients: the views of patients, general practitioners and practice nurses.

Version: Date: 31 October 2005

Reviewer: Peter R Croft

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General
I enjoyed reading this paper, which tackles a topic of considerable interest across Europe – how do primary care teams and their patients view osteoarthritis in terms of diagnosis, treatment and care? The methods employed were semi-structured interviews with 20 people each from three groups (doctors, nurses, patients). The setting is not explicitly stated but I assume from indirect references that it was Germany. Although I think the paper raises interesting points, it needs major revision from the scientific and presentation aspects.

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

Three areas need attention:

1. The main difficulty is that this paper is not sure whether it is quantitative or qualitative. Although it is overtly qualitative, it presents much of its results as “most of the doctors said…..”, “all of the patients felt that…..”. This is a problem because the style of much of the results section is to imply that these groups are representative in the way that a survey tries to be. The numbers are too small for this sort of generalisability, and there are too few details of the types of individuals sampled for us to understand whether they might represent more generally held views (on NSAIDS or opiates or paracetamol for example).

On the other hand the views expressed and the issues raised are important, regardless of their formal generalisability, and they would be much better presented as a formal qualitative analysis, highlighting a small number of major themes which emerge and which the interviews can be used to illustrate and support, without needing to assume that everyone thinks this way. This type of analysis may be difficult to do since the use of semi-structured interviews in a pre-set number of people does not indicate that “saturation” or “theme development” was necessarily occurring during the course of these interviews. However it still seems to me that it would be better to present it in this way rather than to give the impression that we can conclude that “most doctors/nurses/ patients think in this way”

2. The paper is too long and quite poorly written and constructed at times. It would benefit from sharper editing and (as in the point made above) more precise and focused selection of the key themes.

3. The lack of a conceptual starting point for the approach to the condition of osteoarthritis and its care would the organisation and clarity of the paper. One of the really helpful findings in this study is that the GPs do not operate within the disease model of OA because they recognise that pain and disability are often happening independently of what might be going on with the Xray – and even when they do go along with the Xray, getting an Xray may not shed any more light on management
(even if the Xray helped to deal with a demanding or anxious patient for example). This is all good stuff but does not give us a starting concept for what OA actually should be conceptualised as – too often the authors seem to be operating in the background with a biomedical model of OA even if they are acknowledging the psychological and social influences on it. OA in primary care is a syndrome of joint pain and stiffness with consequences on functioning, some of which might be related to radiographically defined disease, and all of which more or less might be subject to environmental, social and psychological influences etc etc.

There is a similar lack of a conceptual starting point for treatment – is the basic idea that the guidelines are right? And that this study is revealing how difficult it is to go along with them? Or is the underlying point that these patients and their GPs might have a better sense than guideline writers of what the actual problem is, and the strictly medical model and the guideline writers are missing the point?

Some starting concepts and ideas would provide more of a framework for the analysis and interpretation of the findings (try Bedson et al in BJGP Jan for this).

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

Discretionary Revisions (which the author can choose to ignore)

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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: Needs some language corrections before being published

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests