Reviewer’s report

Title: Treatment and referral patterns for psoriasis in United Kingdom primary care: a retrospective cohort study

Version: 1 Date: 23 March 2013

Reviewer: Steven R. Feldman

Reviewer’s report:

This is a very well done and well-described study of something of not particularly substantial interest. A powerful database was used, but no hypothesis was tested. While there is probably some valuable information worth reporting, the length of the manuscript seems long in comparison to its importance.

Major revisions:

1. New visits/population= incident health care utilization, not incident psoriasis. Perhaps other terminology should be used. This may grossly underestimate disease incidence if people with the disease don’t see a doctor for it, a reasonable assumption given that the vast majority of people with psoriasis do not have a visit for psoriasis in any given year. The high incidence in patients 60-69 may reflect that 60-69 year olds are more commonly seeing a doctor, while the people who develop psoriasis in their 20s and 30s aren’t commonly seeing their doctor, so psoriasis doesn’t get identified or coded.

2. The Conclusion section of the Abstract reiterates some of the data in the Results section (with similar redundancy in the Discussion text) and provides nothing new, no implications of the study, no clinically relevant take home message.

3. The purpose of the study (“The objectives of the present study are to estimate the incidence of psoriasis and describe the clinical characteristics and treatment patterns for incident psoriasis patients being referred to specialist (dermatologist) care”) does not entail testing any specific hypothesis, so perhaps it is not surprising that nothing particularly interesting was found.

4. The Introduction is overly long with much general information about psoriasis that isn’t directly pertinent to the study. Extraneous issues are raised (such as “a detailed analysis of treatment patterns in primary care, especially for patients who are referred to specialist care, is lacking”) that aren’t addressed by the study.

5. The paper can be further shortened by referring interested readers to other works describing the methodologic details of the THIN database.

6. Figure 1 provides most of the interesting information in the manuscript. Limiting the manuscript to a brief report with one figure plus one table would make it more succinct.

7. Much of the Discussion brings up speculation that wasn’t tested by the study.
8. I don’t understand how the authors make the logical leap to claim, “These findings indicate that GPs see their psoriasis patients routinely and manage them with increasingly potent topical medications before referring them to a dermatologist.” “Routine” wasn’t defined in the study, much less measured. The timing of when prescriptions were given was not assessed in such a way as to know whether GPs were prescribing increasingly potent topicals or not.

9. “The factors associated with referral may help in understanding which patients need specialist care where systemic therapies (biologic and non-biologic) can be prescribed according to the guidelines,” may be an interesting question, though I find the wording hard to understand, but factors associated with the need for systemic treatment were not included in this study.

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

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I have received research, speaking and consulting support from many companies with products for psoriasis, including Amgen.