Reviewer’s report

Title: Treatment Trends in Allergic Rhinitis and Asthma: A British ENT Survey

Version: 1 Date: 16 November 2010

Reviewer: Vibeke Backer

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This is a very important study pushing the ENT surgeons to have focus on the relationship between allergic rhinitis and asthma. Allergic rhinitis is a large group of patients, meeting around 25% of the population, and it is the only chronic disease in the younger ages which have significant influence on the performance in the educational system and their working effort.

This study could be used to enlarge the knowledge of the Uniform airways among these surgeons, including the possibility of treatment and prevention.

Major comments

It is well written, the analysis are though very simple, and one could like to enlarge those a bit. An example could be 1) those with more than 50% asthmatics among their rhinitis patients, did they use lung function measurements, and were they the surgeons to refer patient to pulmonologists. Furthermore, those who did the allergy testing, were they the one to start allergy treatment only, or were there a lot doing the diagnostic, not using the results to anything.

Would it be possible to find out about the non-responders whether their clinics mainly were having surgical activity, and the one responding were those who were treating this group of patients.

Is it possible to look at association between the knowledge of AIRA – i.e. probably knowledge of severity and choice of treatment?

In my country the general ENT surgeons use injection with steroid, in high frequency – it is a general accepted approach, is it not used in UK ? or have you forgotten it in the survey ?

I need you to include (elaborate) the general knowledge concerning immunotherapy as the only treatment which is preventive towards 1) development of asthma and 2) other allergies.

It is of outmost importance that this section stands clear, as this paper might be read of the college fellows and it might – hopefully – increase standard evaluation (mild/moderate/severe) of rhinitis patients, co-morbidities and last choice of treatment.

Minor
Lastly, I need a section of the importance of well treated patient with rhinitis – concerning the impact on their schooling and work force.

Monetlukast is the onliest treatment for both asthma and rhinitis – were that drug used by those who knew that the patients had asthma ?

Page 3, line 1 – “and is” is written double

Figure 2, need more labels on the X-axis

1. Is the question posed by the authors well defined? Yes
2. Are the methods appropriate and well described? Yes
3. Are the data sound? Yes
4. Does the manuscript adhere to the relevant standards for reporting and data deposition? Very much so
5. Are the discussion and conclusions well balanced and adequately supported by the data? NO
6. Are limitations of the work clearly stated? Yes
7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished? It has been part of a scientific talk, but Yes otherwise
8. Do the title and abstract accurately convey what has been found? Yes
9. Is the writing acceptable? Yes