Reviewer's report

Title: Abnormal vaginal bleeding in women of reproductive age: descriptive study of initial management by GPs

Version: 1 Date: 15 January 2008

Reviewer: Mark Shapley

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I enjoyed reading the paper and discovering commonalities and differences between Dutch and UK practice but there are a number of issues that need clarifying.

Major compulsory revisions

1. Objectives

The title suggests that this is a descriptive study and that the objective is to describe the actions Dutch GP's take when women first present with abnormal vaginal bleeding. For this objective the study works reasonably well. However the authors appear to have a second objective, which is to determine the proportion of these women who have detectable pathology. This fails because not all women under went investigations and there was an inadequate follow-up period.

As an example of conclusions unsupported by their data they state "uterine fibroids were found in 44% of 48 examined women" and that "uterine fibroids are frequently found". Whilst this is true of women who under went the investigation their study concerns a population of women who presented with abnormal vaginal bleeding. Only 48 of the 306 study population under went ultrasound and only 7% of the study population were found to have fibroids. This contradicts their conclusion. Fibroids were infrequently found in the study population (women with abnormal vaginal bleeding).

2. Definition of a "new consultation".

The authors define a new consultation "as a consultation for abnormal vaginal bleeding after a consultation-free period of three months for this particular reason". The National Institute of Health and Clinical
Excellence in the UK in their heavy menstrual bleeding guidelines recommends prescribing a treatment for at least 3 cycles to judge effectiveness and thus a woman presenting after this trial of therapy would be regarded as a new episode in this study when in reality it is a continuation. This "new episode" would not reflect "initial management".

There does not appear to be a "run in" period. How do the authors know that women who had consultations in the first 3 months of the study were "new consultations" and had not consulted in the previous 3 months?

3. Generalisability

The study reports data from a single primary healthcare centre. Little information is provided to help to decide whether or not the practice is different from other Dutch practices (e.g. urban or rural, age-sex distribution, socio-economic class). It is difficult to decide the degree to which the data is generalisable.

4. Purpose of some of the reported data.

I did not understand the purpose of reporting separately data concerning "second consultation" or the data concerning the number of patients with one consultation during the study period. The latter data suffers from not knowing what occurred during the 3 months before and after the study period. If this information were important it would be better to report it on a sub-group who first consulted 3 months after the start of the study and 3 months before the end of the study period.

5. Causality and association.

In the discussion section there appears to be an assumption that the presence of fibroids implies causality in the menstrual disturbance. This is not so as many asymptomatic women have fibroids. As a consequence of this I cannot agree with their implications for clinical practice.

Discretionary revisions

Whilst the use of English is excellent certain phrases suggests that this is written by someone in whom English is not their first language. The ease of reading the manuscript would probably be improved from it being read and edited by someone in whom English is his or her first
Minor essential revisions

I have not proof read the document but there is a mistake in one of the references (National Institute of Health and Clinical Excellence and not science).

Based on your assessment of the validity of the manuscript, what do you advise should be the next step?

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

Level of interest

An article whose findings are important to those with closely related research interests.

Quality of written English

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Needs some language corrections before being published.

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

Overall there are a number of problems with the study many of which could be overcome. The study updates the earlier work of Grant /et al/(2000) using a study population that differs mainly in geographical location, age group and follow-up. It is interesting to see Dutch practice and I am grateful for being allowed to read the study but there are major concerns regarding methodology, conclusions, implications and originality