Reviewer's report

Title: Portals to Wonderland: Health Portals Lead to Confusing Information about the Effects of Health Care

Version: 1 Date: 21 December 2004

Reviewer: Vikki Entwistle

Reviewer's report:

General

1. This manuscript reports what seems to me to be a timely investigation of the quality of information about the effectiveness of health care interventions that is available via the 'health portals' that national governments support with the intention of helping members of the public to access good quality health-related information.

2. The background to the 'problem' and the study objectives are clearly stated.

3. The authors identified 8 questions about the effectiveness of health care interventions for particular health problems. They searched for information relating to these questions via four high profile national health portals, and compared the information that they found with the evidence that was summarised in Cochrane systematic reviews. This general approach seems appropriate...

4. ... However, I had several queries about some of the details of the methods used:
   a) Some of the 8 'questions' referred to one intervention, some to several interventions, and one very generally to 'treatments' for the health condition of interest (table 2). Did these differences have implications when the information on the websites was assessed for how the question of whether or not 'other' interventions were mentioned was asked?
   b) Was the unit of analysis single web pages (p6) or web sites (p9). This matters e.g. for interpreting reports of web pages not mentioning other interventions (I could envisage a web site that focused on a particular condition that had several web pages, each dedicated to a particular intervention).
   c) I wondered whether closer attention to the distinction between positively and negatively valued effects (benefits and harms) might have been useful. (Previous work has criticised the lack of information about the potential adverse effects of interventions in information materials for patients). I found it striking that no statements were coded as 'not effective' or 'probably not effective' (Box 1). Is this because all the interventions that were considered are basically effective? (In which case it might be worth suggesting a piece of follow up work to examine the information that is provided about interventions that systematic reviews have suggested are not effective or harmful). (And/) Or is it because although the coding scheme contains headings that would allow statements to be coded as claiming that interventions are not or probably not effective, it tends to 'give the benefit of the doubt' or code as 'unclear' statements that mention that treatments do not always work for people?
   d) Is information about how long the effect was likely to last always particularly important? e.g. was it a more significant omission from information about Alzheimer's and schizophrenia than it was from information about jet lag and nausea in early pregnancy?

5. I was not sure why there was a paragraph about the web pages about antifungals for yeast infection in the results section when there were no comparable paragraphs about the other 7 topic areas.
6. I wondered whether there were (qualitatively or quantitatively) significant differences (or striking similarities) across the four portals in terms of the information they provided access to?

7. Did any of the portals themselves suggest that any particular websites / types of information would be more likely to contain robust information about the effectiveness of interventions than others? Did they offer guidance about appraisal of information?

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

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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)

7. p4 quotation from Caroll: should have quotation marks on either side of - or, if you'd like it put more simply - .

8. Delete or clarify the ‘Etc.’s in table 1.

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Discretionary Revisions (which the author can choose to ignore)

9. Government health portals - perhaps better described as government-funded or government-sponsored health portals?

10. p4 edit second sentence to avoid implying that 'criteria' 'stop functioning'. (Do you mean that the use of particular checklists is often shortlived?)

11. Explain how/why the four portals were chosen, and perhaps give a bit more information about their scope, scale, levels of use?

12. p4 "legislation establishing the right" might more accurately be "legislation and policies ..."

13. Would the information about the coding of the qualitative information that appears on p7-8 in the results section (from "It was frequently difficult..." to "... taken into account in the coding") be better placed in the methods section?

14. p11 Could mention in the summary of difficulties that people face when trying to get information via a portal the problem that some of the various pieces of information accessible from within a portal have been shown to be conflicting.

15. p12 "People going through these portals to FIND INFORMATION TO HELP THEM make an informed choice..."

16. Table 4: Could you make the column headings slightly more informative? e.g. explain what is 'Unclear', point out that it is evidence about the effectiveness of the intervention that is apparently not consistent with the relevant systematic review, make clear that the 'Cochrane abstract' is the abstract of the 'review'.

17. Consider issues in 'general' points 4- 7 above.

What next?: Accept after discretionary revisions

Level of interest: An article of importance in its field
Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:
I declare that I have no competing interests