Reviewer's report

Title: The Time Burden of Overweight and Obesity in Primary Care

Version: 1 Date: 31 January 2011

Reviewer: paula veiga

Reviewer's report:

Referee Review

The Time Burden of Overweight and Obesity in Primary Care
BMC Health Services Research

This is an interesting paper that addresses a very important and not yet enough explored issue. Overall, the article is well written, data is sound, and discussion and conclusions well balanced and adequately supported by the data. There are a couple of aspects of the paper that should be strengthened before it should be considered for publication.

Discretionary Revisions (which are recommendations for improvement but which the author can choose to ignore)

1. The authors state three main goals 1) To determine the frequency of weight-related conditions in a national sample of outpatients visits in US; 2) to establish the percentage of diagnoses codes and visit codes attributable to overweight and obesity, 3) to estimate the time sent to address these conditions. Nonetheless, as I understand it, the main purpose of the paper is to estimate the amount of primary care visit time attributable to overweight and to obesity. Goals 1) and 2) stem from the methodology applied. The authors could make it clearer.

2. The authors should better detail the NAMCS data. Readers that are not familiar with the database take too long to realise that BMI is calculated using the clinical data recorded at office visit and that the variable of interest “Time spent with provider” also comes from the same database.

3. The sentence below clearly is an overstatement, and should be deleted or re-written. Indeed, there are substantial amount of literature applying multivariate methods to calculate “Attributable Fractions” mainly in the smoking’ costs literature

“One difference between standard estimates of attributable risk and estimates from the current study is that the former use population-based samples, whereas estimates in this study are derived from a clinical population. A second difference is that, until recently, the population attributable fraction was calculated using a formula that included only two variables: the prevalence of the risk factor (e.g., obesity) and the relative risk of a disease (e.g., diabetes) among obese individuals, as compared to normal weight individuals.17 This older formula does
not control for possible confounding by other patient/subject characteristics”

4. I believe that paper could benefit from a better motivation. The author should acknowledge the recent related literature (e.g. Bertakis et al.,2005 and Pearson et al. 2009 ).

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

5. The authors estimated the fraction attributable to obesity/overweight separately for each weight-related condition (diagnosis or medication), each weight-related diagnostic test, and each weight-related counselling code addressed at the index office visit. Then they estimate time spent with an estimate attributable to overweight and obesity.

It puzzles me, why did the authors choose to apply this methodology? Would it not be preferable to estimate the additional time burden attributable to overweight/obesity using an appropriated multivariate econometric model, i.e. to estimate the direct impact of overweight/obesity on the “Time Spent with Provider”?

6. Descriptive statistics of variables BMI, Time spent with provider, Obesity and overweight incidence should be reported.

7. The authors state that a limitation of the data is the number of missing observations in height variable. Apart from sample reduction, do the authors believe that due to this limitation the estimation can be biased? In other words, is there any reason to believe that data is not missing at random? If there is, the authors should explicitly address the issue.

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

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.