Reviewer's report

Title: Ethnic minorities and prescription medication; concordance between self reports and medical records

Version: 1 Date: 5 April 2006

Reviewer: Agustin Escalante

Reviewer's report:

General

This paper focuses on the agreement between self-reports and medical records on the receipt and use of prescribed and over-the-counter medications.

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

1. Since the primary area of inquiry is the agreement, or concordance, between two sources of information, authors should use a statistical technique intended for measurement of agreement. In this paper, they used only the percentage agreement. This approach is limited because some degree of agreement is expected just by chance (for example, if the two sources of information both reported that 50% of the patients received prescriptions, the two would be expected to agree 25% of the time just by chance alone). Investigators most often use the kappa statistic to measure agreement above that which is expected by chance.

2. The Methods section mentions that some sort of logistic regression was going to be done, but no such results seem to have been reported. Authors should either omit the part of logistic regression from the methods section, or include the results in this paper.

3. The box contains unreferenced assertions about a supposed reluctant attitude of Dutch physicians and their patients toward medications. These claims should be supported by references or omitted.

4. The use of the term "indigenous" to describe the Dutch-born population might be confusing to some readers, as it was to this reviewer. Although its use here may be semantically correct, it is unexpected see it used to describe Dutch-born people. Since the definition of minority was based on a non-Dutch birth-place of patients or their parents, it may be clearer to just say "Dutch" instead of indigenous. This would be consistent the national origin terms used to describe minorities.

5. It is not clear whether any of the observed differences in the tables (e.g. 31.9% vs. 15.1% in Table 1) are statistically significant. Please label significant differences clearly, and if none are present, state so.

6. Electronic medical record should be EMR rather than EMD.

7. Please define abbreviations and acronyms in the abstract as well as in the text.

8. The potential role of language is incompletely addressed. Is it possible that lack of understanding Dutch may cause some under use or under reporting among non-Dutch patients.
Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
None

Discretionary Revisions (which the author can choose to ignore)
None

What next?: 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: Needs some language corrections before being published

Statistical review: No

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