Reviewer's report

Title: Determinants of the range of drugs prescribed in general practice: a cross-sectional analysis

Version: 2 Date: 7 June 2007

Reviewer: Petra Denig

Reviewer's report:

General

The manuscript has improved considerably on several points but -as said before- the findings only confirm what was already known. I do not understand why linking the results to ranges of drugs recommended in formularies is a step too far. It would really increase the 'news'-value of this study. Especially since the arguments provided by the authors about the additional value of this study are not that convincing.

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

The authors should be more careful in some of their statements regarding the 'new' elements of their study, and regarding the value of the DU90% (which they use to defend their own concept). The discussion about the DU90% shows that relating such a range-indicator to guideline recommendations and/or clinical information is essential, and underscores my argument to add results on formulary adherence in this study.

Introduction:

To my opinion, the authors overstate what is 'new'. As I can see it, the analysis at GP level only involves the GPs' information sources. Other characteristics linked to the GP or his/her patient population are all analysed at practice level. There are studies linking GPs' characteristics (including information sources) to GPs' prescribing in terms of adding new drugs to their repertory, such as Taylor e.a. Br J Gen Practic 1991. Moreover, previous research on variation in range has been conducted at doctor level, e.g. Denig e.a. Soc Sci Med 1993;36:915-924 showing that for 2 out of 6 different therapeutic groups there was a positive association between number of years in practice and the range of drugs.

Discussion:

The statements about the DU90% are incomplete/inaccurate. References 30 and 31 do not show that the DU90% is valuable quality indicator; they show that the DU90% is used (and feasible to calculate) in Sweden but that it was unable to detect any quality improvements in an intervention project. Wettermark e.a. even state that it is possible that the aggregate DU90% data were too raw to detect any effects on the quality of prescribing, and recommend that such data need to be analysed in a broader context with clinical data. Wettermark e.a. did publish other results of surveys among GPs showing that GPs believe that the providing DU90%-profiles with guideline adherence as feedback is valuable (e.g. Pharmacoepi Drug Saf 2003). An essential element, however, may be the focus on guideline adherence within the DU90% in the feedback profiles presented to the GPs. In the Netherlands, Muyrers e.a. have shown that the DU90% for various therapeutic groups lacks variation between GPs, and comment that a good score may be achieved without prescribing the recommended drugs.

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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)

I do not understand what the authors want to say with the sentence "Measuring the range with the DU90% might be a bit more refined compared to our indicator." Is it that they believe the DU90% is probably better than their indicator? Also, I do not understand the advantage that their indicator has, since the DU90% can also be used at the level of ATC-(sub)groups.

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Discretionary Revisions (which the author can choose to ignore)
**What next?:** Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable

**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.