Reviewer's report

Title: Developing the content of two behavioural interventions. Using theory-based interventions to promote GP management of upper respiratory tract infection without prescribing antibiotics#1:

Version: 1 Date: 7 August 2007

Reviewer: Chris Del Mar

Reviewer's report:

These are two papers undertaken to address the thorny issue of failure of translating research (evidence) into practice. There have been systematic reviews to suggest this is generally unsuccessful, although some interventions have been successful in getting doctors to change practice. The approach here is to go further back than the previous, perhaps amateurish, 'good ideas' for how to get clinicians to adopt new ways. The new approach is based on behaviour management, usually used for patients and the public rather than doctors. Three well known models of behaviour are selected and contextualised using data from GPs. They were then tested in a large paper-based trial to see if intention (a proxy for actual behaviour) is changed, before (presumably) instituting a trial with hard outcomes.

Using the behavioural models is a welcome and novel way of approaching the issue. It enables the team to decide which of the various elements of the models are likely to be worth pursuing in the design of the intervention yet to be released.

The analysis is complex as is usual for behavioural studies, and many of the subtleties beyond my critical abilities (so I hope a suitable statistician is asked to check the methods). Much of the paper is very technical, and focussed on a method (the design of the intervention), and so will appeal to a rather refined group of researchers. Nevertheless it looks very worthy, and it will be exciting to see if it results in some important trial in the future. If the team test a new intervention that really does reduce the prescribing of antibiotics, this will be very important. In which case this will suddenly become a landmark paper.

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

None (but see number 2 below)

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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)

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

1 there is a claim repeated in both papers that antibiotics are not necessary because systematic review of (empirical) trials found they make little difference BECAUSE THE CAUSE OF MOST URTIS IS VIRAL (my caps). This is not quite right. For some (eg sore throat, acute otitis media), the most common single organism is probably bacterial. Nevertheless the sentence is true of the relative ineffectiveness of antibiotics (ie best to leave out the capitalised bit!).

2 Both papers are very long. In an electronic journal, space is less at a premium. Nevertheless these are tough to read together, with a lot of repetition. I cannot imagine anyone wanting to read one and not the other, and I think it would be good to combine them, perhaps streamlining the text as well.

What next?: Accept after discretionary revisions

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

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I declare that I have no competing interests