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: 3 September 2007

Reviewer: Paul Glasziou

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General
This is an interesting piece of work which outlines the nature of, and development of, two potential interventions for attempting to reduce prescribing of antibiotics for upper respiratory infections. The two interventions - the graded task intervention and Persuasive Communication intervention - are well described, and look quite different but promising. So it will be interesting to see the results of these in practice. The authors should be praised for providing the full documentation of their intervention. I assume this will be available with the online publication?

One general comment is that there seems to be an implication that good behavioural interventions can be produced simply from the behavioural models. Clearly, as in pathophysiology, a good understanding of causal pathways is helpful in sifting out liking candidate interventions. But many, such as penicillin, aspirin and Viagra, have been serendipitous observations.

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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)

1. The author state that: "Research evidence has shown that antibiotics are of limited effectiveness in treating URTI as most are viral in origin [19-21]." This is only partly true. Many are also bacterial, but most of the bacterial ones are self-limiting illness and resolve before antibiotics have time to have any impact.

2. No mention of the most effective method to date in reducing antibiotic prescribing, namely, delayed prescriptions. (Referenced but not discussed) How does delayed prescribing fit with the model? Would it have been predicted as potentially effective by any of the three models? IF so, it would be useful to say how. If not, that would also be useful to recognise that there are interventions not predicted by the models (just as in pathophysiology).

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Discretionary Revisions (which the author can choose to ignore)

3. Finally, as a clinician, I found some of the psychological jargon a little offputting. A "plain English" version might help others use these valuable ideas more readily. For example, I couldn't follow the sentence: "Each of these constructs may be measured 'indirectly' by asking individuals to report their specific relevant beliefs which the researcher aggregates according to theoretically-based algorithm, or 'directly' by asking individuals to report at a more general level." but the sentence before this was "According to the TPB, the strength of a behavioural intention is predicted by attitudes towards the behaviour; subjective norms based on the perceived views of other individuals or groups (i.e. perceived social pressure); and perceived behavioural control (the ability to perform an action)." might be easier to follow as if written as: “According to the TPB, intentions are stronger if there is: a positive personal attitude toward the behaviour, a belief that others view the behaviour positively, and a sense of control over the behaviour.”

What next?: Accept after minor essential revisions

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

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