Reviewer's report

Title: Co- and multimorbidity patterns in primary care based on episodes of care: results from the German CONTENT project

Version: 3 Date: 28 September 2007

Reviewer: Helena Britt

Reviewer's report:

General
This paper is greatly improved since my last review. In general the methods are now suitable, introduction and discussion have been broadened. Methods clearer, but still not clear enough.

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

1. Why did you not look at the association between Different prescriptions and number of referrals (as outcomes) and different chronic conditions. We know that more disease means more scripts and more referrals and you HAVE tested the relationship between utilisation (encounters) and diff. chronic conditions. Considering the strong association in that case, why is it ignored for the other two outcomes? It could be that there is even a stronger relationship between number of chronic conditions, and each of these outcome variables. It needs to be added to both.

2. Because I have reviewed it before, I am confused about one thing. The previous sample size was 42,456 patients and 90,400 episodes. It is now 39699 patients and 76,428 episodes. I assume you have included (this time) only the patients who have at least one chronic disease (as defined by O'Halloran et al).

Remember that the methods have to be sufficiently specific for another person to repeat them on other data of similar type. Currently I could not do so because you have not told me whether these patients are only those who have at least one chronic condition.

3. Methods: 4th paragraph
You refer to ‘…gender and episode based reasons for encounters and diagnoses’. However, I gather from your response to reviewers that you only used diagnoses that were marked as certain. So, I think that the inclusion of ‘reasons for encounter’ here, just leads to confusion. I don’t think you used them in the count of chronic diseases (even where the patient did present with ‘its about my diabetes’)? If not, the fact that reasons for encounter are in the data set has nothing to do with this paper. Please delete or clarify.
Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
4. Provide method of odds ratio calculation in the Methods section.
5. Need reference to Table 3 in last para of page 8.

Discretionary Revisions (which the author can choose to ignore)
6. Suggest at end of limitations para 3: add ‘which would allow grouping of all osteoarthritis (no matter the site) from all applicable ICPC-2 codes.

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, the manuscript does not need to be seen by a statistician.

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