Reviewer’s report

Title: Documentation and Control of Body Mass Index and Associated Risk Factors in a Large Primary Care Network

Version: 2 Date: 18 June 2009

Reviewer: ben ewald

Reviewer’s report:

Reviewers comments on Rose, Documentation and control of BMI
Dr Ben Ewald

Overall: A good example of data mining from primary care records, and hopefully was the basis for quality improvement cycles. I think it would be improved by being shortened to the objective of assessing measurement of risk factors rather than analysis of the levels found. I think it is publishable.

Title: Im not sure that “control” is the right word for BMI. We speak of control of BP because we have powerful tools to influence it, but as doctors we do not have much control over BMI.

Abstract
The first line needs context. Which system will have BMI as a reportable health measure? This certainly does not apply in my country. Likewise, in considering an international audience SI units should be used, (with mg/dl in brackets for those that understand them.)

Methods in the abstract should include the ages of patients. Were these only adult patients?

Background
The context for this work includes a few points that havnt been included:
As a predictor of disease risk, abdominal girth is a much better measure than BMI.
Physical activity is also a key risk factor, but much harder to measure. It should be part of the PHC record.
Primary care provides both episodic and continuing care, and consideration of long standing risk factors is part of continuing care but may be inappropriate in episodic care especially for acute problems.

Methods
All abbreviations must be spelled out. What is a PCP?
How big is seven feet?
The setting should include details of the clinical software. Is this a commercial
product? Ease of use and common errors vary between systems. As the base for a quality improvement cycle, distinction should be made between data entered into the proper field rather than numbers scattered through the progress notes.

Risk factor & CVD measurement
The second paragraph suggests that CVD risk factors are used as part of the definition of CVD. It is totally inappropriate to confuse risk factors with disease states.

It is unclear of the role of the EHR problem list and the ICD codes. Are these separate? Why? Are they both complete for each patient or do they have one or the other?

Results
Essentially clear

Discussion
Too long. I think it would be improved by limiting the focus to the measurement and recording of risk factors, which I think is the key objective of this paper. Analysis of the levels of risk factors found is a different issue.

I don’t see discussion of the availability of measuring equipment. Does every practice have a stadiometer? Who uses it? Is there one in every consulting room? Those without a BMI measurement are mostly lacking a height rather than a weight.

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

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'