Reviewer's report

Title: Prescription patterns and appropriateness of NSAID therapy according to gastrointestinal risk and cardiovascular history in patients with diagnoses of osteoarthritis.

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Reviewer: Mike JL Peters

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MAJOR:

This is another study focusing on the administration of NSAIDs to patients with osteoarthritis in relation to the gastrointestinal and/or cardiovascular risk profile. It examines whether health care physicians follow existing guidelines when prescribing NSAIDs.

1: The authors clearly demonstrate that almost all osteoarthritis patients (>90%) receiving NSAIDs are at increased GI or CV risk, indicating the health professionals are bad in following guidelines. However, when interpreting these figures, the outcome is highly dependent on the definition used to score the degree of GI or CV risk. So, although the authors address an important topic, I have one major concern regarding this manuscript, i.e. definition of GI and/or CV risk. To illustrate this, based on age, almost none of the osteoarthritis patients should receive NSAID therapy as 76% of the study population is older than 65 years. Hence, it is not surprising that >90% of osteoarthritis patients receive NSAIDs therapy not in accordance of current guidelines. When trying to disentangle the appropriateness of NSAIDs therapy in osteoarthritis patients, it seems unfair to consider age as an important risk factor. I think the authors should comment on this.

2: I feel there should be more sufficient detail to allow the reader to understand the results section - appropriateness of drug use in OA patients based on the GI and CV risk - and tables (with all percentages), as these figures are not completely clear.

MINOR:

none

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

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’ below