Reviewer's report

**Title:** Clinical guidelines contribute to the health inequities experienced by individuals with intellectual disabilities

**Version:** 2  **Date:** 16 October 2011

**Reviewer:** Sara Twaddle

**Reviewer's report:**

This is an interesting paper addressing the potential for harm associated with the development of clinical practice guidelines. I agree with the authors comments that this to the first paper to address potential harm from guideline recommendations to those with intellectual disabilities. There has been recent interest in the issue of ethics and guidelines with Guidelines International Network and this work provides evidence of the degree to which such issues should be more formally considered.

**Major Compulsory Revisions**

1. My main concern about the paper is Figure 2 and the use of the word ‘Reasonable’. Not that I am suggesting that these are not reasonable, but the inclusion of the proposed actions for all disadvantaged groups, when they are defined as widely as place of residence, sexual orientation, occupation etc, would be extremely resource intensive and runs the risk of being ignored because of this fact. I wonder if the authors should concentrate in this particular case on providing a shorter, more focused list of recommendations to prevent the disadvantage of those with intellectual disabilities.

**Minor Essential Revisions**

2. The basis of this paper is the equity lens developed by INCLEN. It would be helpful to have some indication as to how the work of INCLEN has been disseminated to guideline development agencies.

3. It is unclear how guideline agencies should apply the PROGRESS-PLUS framework in choosing the topics for guideline development. Development of this point would enhance the paper.

4. The authors should clarify what they mean by ‘..organisations should look at ways to include evidence relevant to intellectual disabilities … even in situations where it does not meet the required hierarchical grading recommendations’. The authors go on to say that ‘Without such an adjustment to allow inclusion of a broader evidence base, guideline recommendations …will be limited to consensus opinions’. It is totally unclear to me what type of evidence is being recommended. At my own organisation we use lower grade evidence and consensus reports where high quality evidence is not available. What is the difference?
5. As far as I aware the G-I-N Search Group is no longer functioning. The authors could rephrase this section to recommend that G-I-N or the AGREE Trust take this whole issue forward as an area of activity.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I am the Director of SIGN which is one of the organisations reviewed in the paper. I have also served two years as Chair of Guidelines International Network. I have no other competing interests.