Reviewer’s report

Title: Treatment of hip/knee osteoarthritis in Dutch general practice and physical therapy practice: an observational study

Version: 1  Date: 19 October 2014

Reviewer: Stefan Kluzek

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Minor Essential Revisions
1. Is the question posed by the authors well defined?

The primary question is well defined.
However regarding secondary outcome: I’m not sure if this study design can identify how self-referral to physical therapy influences the content of care. The change of the content in the self-referred group is not well defined as well.

2. Are the methods appropriate and well described?

Descriptive analysis of the differences is important and in my view should be a primary discussion point, very informative in terms of % of patients requiring each steps and external referrals.

I am concerned about several translations of existing database:
1. ‘GP education and lifestyle advises were assumed’ – this will overestimating content of care delivered by GP content

2. ‘prescriptions were not necessarily directly linked to a specific diagnosis’ – this again will overestimate the content. Those medication will be often prescribed for common cold, back pain ect. Seasonal variation, exclusion of other ‘painful’ diagnosis is required to make this assumption more sound

3. Some of those drugs will be available over the counter without prescription and use of them might be underestimated.

4. Many other care contents were not assessed : like TENS, Prescription of glucosamine sulphate

5. ‘Prescription of oral corticosteroid’ as a step 3 should be not be consider as there considering this is not directly linked to a specific diagnosis might represent treatment of other conditions like PMR.

Please consider including exclusion criteria. Are patient with hip/knee replacements included? What about crystal arthropathies?

I think it would be beneficial to concentrate on description analysis within limitations of the data. I would like to see easily how many patient require each step and what are the risk factors associated with need for 'step-up' and secondary care referral.
Considering that prescription data suggest low level of use of analgesics, in my opinion relative over prescription of NSAIDs and tramadol suggest that over the counter use of simple NSAID is popular and probably prescribed NSAID are these that require the prescription (diclofenac, naproxen). Analysis of prescribed NSAID should be performed before suggesting 'that GPs could reconsider the frequent use of NSAIDs instead of other analgesics'.

Also there are so limitations regarding referrals: ‘only referrals to physical therapists, dieticians, and orthopaedic surgeons were collected’. It makes a statement of ‘the low referral rate to allied health care compared to referrals to secondary care’ difficult to justify in conclusions.

**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:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests