Reviewer’s report

Title: "I can't bend it and it hurts like mad": Direct observation of gout consultations in routine primary health care

Version: 0 Date: 18 Jul 2016

Reviewer: Zoe Paskins

Reviewer's report:

Overview

This paper addresses an important clinical issue - the talk related to gout in primary care consultations. The management of gout in primary care is known to be suboptimal and a number of stereotypes surround gout - the talk about gout in consultations might well be helpful in unpicking these issues and identifying how care could improve. It utilises a bank of video recorded consultations with appropriate approval for secondary analysis. It is not clear whether this is an unselected sample or not. The paper is well written and analysis well described.

In my view, the major weakness of this paper is the depth of the qualitative analysis with not enough discussion of implications for practice or situating the findings in the context of what is known about gout or other consultation studies. The background and aim of the paper could also be strengthened.

The authors report 2 themes - on relating to the importance of gout and one related to communication (talking vs listening).

The first theme relating to importance, has 2 subthemes - one relating to gout as an incidental finding and one relating to impact of the condition. The first describes how gout discussion is either incidental or as a presenting complaint. This has been identified before in my own consultation study, and other work (Paskins et al Ann Fam Med 2016). The nature of the 'incidental' consultations could be expanded, with further description of the consultations studied - this would help to contextualise the results - perhaps a table? (see example in reference above)

What is missing from the discussion relating to the subtheme relating to impact is a narrative about how gout is conceptualised. The language used (as in the quote in the title) by the patient in the context of a presenting complaint is powerful - why is this? Does the GP acknowledge the distress? Are symptoms validated or legitimised? Does it appear as if the patient has to fight hard to have gout acknowledged? There is an important background qualitative literature here which alludes to the stigma of gout which might be helpful - see Chandratre et al 2016. Liddle et al 2015, Richardson et al 2015.
In talking vs listening - the 2nd theme - at a superficial level you could apply this theme to any consultation analysis. What is different here? The author's suggest diet is one area where there was more talking vs listening. This is interesting and could be developed further

1. The evidence that diet reduces urate levels is weak at best and weaker still to say it prevents attacks. The authors have assumed the knowledge as given by the participants they are studying. Why do clinicians focus on diet? Is it where they feel most confident? Does it take onus off them and put in onto the patient? How do patients react if doctors clinicians revert to diet

2. Why are doctors / clinicians 'talking' more than listening? Is it contextual - i.e. lifestyle advise administered in the context of a brief consultation cannot be expected to be more than giving of information? How does the nature of talk where there is listening vs talking compare to study of other conditions? How does it relate to the context of these consultations? The finding that clinicians did not elicit expectations is much more important in the consultations where patients raised gout as a discussion topic than where doctors raised as a condition to review

The Conclusion in the abstract (and paper) is weak, What are the implications for practice? One obvious example I can see is the gap between patient focus on pain and clinician focus on disease control. Actually these are one and the same but the explanation may be missing

Additional points

Reflexivity - What is the background of CM?

Line 42 (abstract) - technically it is the inflammatory response to the deposition of monosodium urate crystals

Pg 4 line 12 - ' a number of factors contribute to health outcomes' - vague sentence - can it be reworded? i think this is symptomatic of a bigger problem with the background and aim where a stronger case needs to be made for this study

Line 20 - the authors imply there is a strong evidence base that certain foods trigger gout. This is not the case. Neither is there a particularly strong evidence base for lifestyle management. This section needs reworking

Table 1

Can the authors add something about the inclusion/ exclusion criteria for these studies - or is this an unselected sample?
Also need to describe how the original coding took place (describe how the database was populated - in which the author's searched for key term gout)

Page 10, line 5 - sentence starting 'Furthermore…' 'It is unclear to me where this perception arises from. Is it from the authors?

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

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Please indicate the quality of language in the manuscript:

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