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: 1 Date: 20 Nov 2016

Reviewer: HJEM Janssens

Reviewer's report:

The draft covers an interesting study subject about how 10 general practitioners, 4 nurses, 2 podiatrists and 1 dietitian 'together' with 18 patients 'deal with gout' in the daily medical practice. Results of the study might have the potency to provide insights that could improve gout treatment in the primary care setting, where 90% of all patients with gout are managed.

Main comments

I think there is internal coherency lacking between study aim (see last sentences of the Introduction section) and how finally results are presented and discussed or compared with other studies.

Not being an expert of quality studies (please indicate at the Methods section in the abstract and more extensively in the main text the exact design of the study!) I have doubts about the replicability of the study, one of the main criteria of good scientific research.

I have doubts if the authors meet sufficiently important comments of the former reviewers.

Being an (retrospective) observational study of (non-representative) 18 patients (or perhaps almost a 'case study' of 18 patients) authors seem to make easily 'general' (subjective) conclusions, whereas they consider but a very few limitations.

Though study aim and relevance have been defined quite clearly in the Introduction section, there is no clear principal research question, which should be answered. The research question seems to be data driven or biased by the authors' opinion. However, if looking to quality assessment criteria of a quality study design this harms the 'objectivity principal'

I advice more attention in the Methods section to how and which results will be presented in the Results section, to not using interpretative wording when presenting results, and to not presenting new results in the Discussion section without discussing these before in Methods or Results section.
Additional comments

L 39: avoid the 'summarizing' term primary care practitioners, because of risks deprofessionalizing the separate care providers. They have important different educational levels. But more important with respect to the current study, from the patient perspective (!) the four participating disciplines have essentially different or distinguishable (professional) performances, which much have consequences for the interpretation of the results.

L57: Conclusion: I miss the (wording) link to the original aim and/or research question

L77: clearly defined target value … There is hardly any clinically relevant evidence for this from RCTs (see recent Cochrane review)

L83: 'main presenting complaint' is far more frequent if compared with 'incidental surfacing', because the very painful condition urges almost all patients with gout to contact their GP (not nurses, podiatrists and dietitians!) for quick pain release.

L108: More recently … etc. Still hardly based on real evidence! Patients and care providers could be informed by this paradoxical information also, which might biased their concept of the disease and the importance of life style modification and treatment

L 181: The term gout was present … etc. It looks like this is a result?

L185: Many. How many is many. Please specify

L219: the importance of the condition. How was this assessed?

L221: How were themes., sub-themes, relevance and importance identified or assessed? If not explicated there are risks of irreproducibility of the study. Or was it data driven?

L231: Why were 'importance of gout' and 'telling versus listening' the focus of the paper? Is this a 'result'? If yes please provide more wording. If not, it might be planned? In that case it needs more attention in the Methods section?

L253: To aid … etc. I think this is a question to discuss in the Methods section?

L258: important. Interpreting wording, that does not fit when describing results

L262: it is evident. Looks like Interpreting wording, that does not fit when describing results

L267: gout as an 'incidental' part of the consultation. Versus two consultations where gout was the prime reason. This must have undermined the representative value of the final conclusions. See also my comment at L83

L310: The presented consultation shows complaints that are not typical for gout. Misclassification risk, another not discussed limitation.
L331: The way in which …. medical attention (L337). Text not really fitting in a Result section. Replace it to the Discussion section?

L342: tended. Interpreting wording, that does not fit when describing results

L346: often. How often?

L371: Unprofessional information of the POD, as joint damage is very rare in primary care. See also my comments at L39. This consultation is hopefully not representative for a GP as the care provider.

L375: GPs. Other providers don't discuss this? And how often is 'often'?

L382: often. See L375. … have little understanding. Little?

L395: many?

L449: Many? others?

L462: Please try to make in this first paragraph of the Discussion section wording contact with the wording of the primary study aim (last sentences of the Introduction section). Condensation of the whole text of the Discussion section would be valuable

L468: it is clear. I have problems to derive this from the discussed results

L471: A notable feature … etc. New results in the Discussion section, which are not discussed or presented before?

L554: See my main comments with respect to study limitations. Potential other limitations a.o. are non-representative selection of only 18 patients (relatively young age!), only two consultations with gout as the prime reason for consulting, and the different education levels or professional performance from the patient perspective of the care providers

L573: References. The total numbers might be reduced. Referring to a 'maximum' of known articles does not guarantee the right and qualitative use of them e.g. when discussing results in the Discussion section.

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

Unable to assess

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

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

Unable to assess

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.

Not relevant to this manuscript

Quality of written English
Please indicate the quality of language in the manuscript:

Acceptable

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