Reviewer’s report

Title: Prevalence, aetiologies and prognosis of the symptom dizziness in primary care - a systematic review

Version: 0 Date: 14 Nov 2016

Reviewer: Amy O'Donnell

Reviewer's report:

Dear Authors,

Thank you for the opportunity to review this manuscript. The paper reports on the results of a systematic review of studies of the symptoms of vertigo and dizziness in primary care settings. Overall, I think this is an interesting topic and you make a reasonable case for conducting this review. However I do have a number concerns about the aims/scope of the review, the design/conduct of the study, and how the findings are discussed/interpreted.

I have summarised my thoughts below.

Introduction:

* I found the section comparing primary care with secondary care confusing - I think the point you are trying to make is important (challenge due to GPs as gatekeepers / first contact point in health system -> generalists rather than specialists -> often presented with range of vague / undifferentiated symptoms) but it needs rewriting substantially to make this clear.

* I would also like to see some reflection on why this might be of particular importance when it comes to vertigo/dizziness (given the above point could apply to a wide range of common conditions in primary care). For example, what are the impacts on patients (missed days at work maybe?), or whether they can be signs of more serious disease etc?

* The scope of the review is incredibly broad - these are 3 separate reviews in themselves - and I am not convinced that you are able to answer all these questions through this particular study. For example, for question 3) (prognosis) I think you would need to have conducted an evaluation of the effectiveness of available treatments to add any value to a discussion around this issue.

* In addition, I'm not sure all warrant a pure primary care focus. For example, why are we only interested in prognosis for patients with these conditions in primary care? Surely similar
issues/outcomes derived from research based in other settings would also be of interest/relevance?

Methods:-

* Inclusion/exclusion criteria - did you limit the date of eligible papers at all? Please provide examples of relevant quantitative study designs. What is your definition of primary care? What sort of patients are eligible for inclusion? i.e. adults only or no age restriction?

* Search strategy - did you look at grey literature at all or only electronic journal databases? I found the explanation of the search syntax employed extremely confusing. In particular, the mention of the 'one journal, which is representing our research area'. I would suggest this is substantially edited/ explained. I was also confused as to why the various terms for primary care were separated into different groups of concepts/search terms.

* Selection of publications - you mention that included papers had to be 'original research articles' however this is not mentioned in your inclusion/exclusion criteria.

* Quality assessment - could you explain / justify why you chose to develop your own tool rather than using an available QA tool? Also - please clarify the purpose of quality assessment within this review - given you have already stated that no papers were excluded on this basis.

* Data analysis - please explain how you assessed/analysed prognosis

Results:-

* I'm not sure why you only present the quality assessments for the aetiology papers in your detailed results section.

* I found the section on prognosis confusing - much of what you report relates more to a discussion on how dizziness/vertigo is assessed / measured by primary care clinicians as opposed to a discussion of overall prognosis of patients diagnosed in these settings. In fact, and linked to the point made previously about the broad scope of your review, I think that it would probably more useful to summarise the primary care assessment approaches in a systematic way here than attempt an overview of prognosis data - this would add to your discussion on section the challenge of accurately measuring prevalence and also the .
Discussion and conclusions:

* I would like more consideration of how the issues of prevalence, aetiology etc are interlinked and relate to challenges of diagnosis/assessment in this particular setting. At present the discussion section is somewhat disjointed and whilst the links are there implicitly, they could be highlighted much more successfully.

* In the prevalence section, I would like to see some information on whether you found any demographic trends here - you mention the high proportion of cardiovascular disease in older patients in the aetiology section for example, but it would be of interest to know whether the evidence suggests that older patients overall are more likely to report dizziness symptoms.

* I would expect to see more consideration of the challenge GPs experience in dealing with medically unexplained symptoms in the aetiology section. There is a substantial existing literature in this area that I think would be of relevance.

* As mentioned above, I am not convinced that the prognosis focus is right - I think it would be far more relevant to explore here the difficulties GPs face when identifying patients with these conditions and assessing treatment efficacy etc.

General comments:

* The English could do with improvement - I would strongly suggest that the manuscript is thoroughly proofed by a native English speaker prior to resubmission.
Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

No

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.

No

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:

Needs some language corrections before being published

Declaration of competing interests
Please complete a declaration of competing interests, considering the following questions:

1. Have you in the past five years received reimbursements, fees, funding, or salary from an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?

2. Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?

3. Do you hold or are you currently applying for any patents relating to the content of the manuscript?

4. Have you received reimbursements, fees, funding, or salary from an organization that holds or has applied for patents relating to the content of the manuscript?

5. Do you have any other financial competing interests?

6. Do you have any non-financial competing interests in relation to this paper?
If you can answer no to all of the above, write 'I declare that I have no competing interests' below. If your reply is yes to any, please give details below.

I declare that I have no competing interests

I agree to the open peer review policy of the journal. I understand that my name will be included on my report to the authors and, if the manuscript is accepted for publication, my named report including any attachments I upload will be posted on the website along with the authors' responses. I agree for my report to be made available under an Open Access Creative Commons CC-BY license (http://creativecommons.org/licenses/by/4.0/). I understand that any comments which I do not wish to be included in my named report can be included as confidential comments to the editors, which will not be published.

I agree to the open peer review policy of the journal.