Reviewer’s report

Title: Mixed feelings: General practitioners' attitudes towards eHealth for stress urinary incontinence - a qualitative study

Version: 1 Date: 07 Sep 2018

Reviewer: Janny Dekker

Reviewer's report:

This is a well executed qualitative study on a relevant topic for family practice. The manuscript can gain in meaning through a number of changes or adaptations.

General comments

1. The authors focus on stress urinary incontinence but do not make any remark about the two other main types of incontinence: urgency incontinence and mixed urinary incontinence. If a e-health application is to be used as a stand-alone intervention, than a diagnostic module should be incorporated into the application. And data are necessary on the reliability of self-diagnosis on the type of incontinence.

2. The GPs were asked questions about 'an e-Health application' for stress urinary incontinence. The content and delivery of such an application can differ substantially (internet, mobile App, training modules, informative modules, diagnostic modules) and the idea that the GPs had about the application might have influenced their answers. How specific was the description of the e-Health intervention about which the GPs had to give their opinion?

The way in which an e-Health intervention is delivered, and the content of it, might influence the effectiveness and acceptability. This should be addressed in the manuscript.

BACKGROUND.

As said in the general comments, a description of the different types of incontinence is missing. The statements on stress incontinence are true for all types of incontinence (embarrassment, fear of being smelt). Stress incontinence is relatively common in younger women, and with ageing mixed type incontinence and urgency incontinence become more frequent. This should be mentioned. The e-Health intervention that is the subject of the study, is meant only for stress urinary incontinence.
The trials that have done so far on the effectiveness of an e-Health intervention were internet-based (ref 18) or used a mobile phone App (ref 17). Ref 19 is a small (n=34) observational study with a web-based intervention. So, the evidence on the effectiveness of e-Health interventions is not yet overwhelming and the form and content of the studied interventions were very different. This should be acknowledged in the manuscript. Before we can implement an e-Health interventions successfully (page 5 line 8), we not only need to know the GPs attitudes, but we also need more evidence on the effectiveness and potential harms (wrong diagnosis by the patients for instance) and of course we need to know the patient's perspective.

**METHODS**

This is a well-executed qualitative study. The design is appropriate for the research questions.

A few remarks:

'An e-Health intervention' was discussed with the GPs. This must be specified: Web-based? App-based? Content? Stand-alone or after a diagnosis by the GP or pelvic physiotherapist? As I understand from the results, the GPs were asked for their opinion about an e-Health intervention with pelvic floor muscle exercises as content. Is that right?

Study design: this is a qualitative study. Please mention this in the methods.

Specialised GP  GP with special interest

'The interviewer had no relationship with the participants' sounds a bit strange.

**RESULTS**

The study tries to answer two questions: one is about the GP routines regarding the treatment of women with SUI, the other is about the attitudes of GPs towards an e-Health intervention. In the results, mainly the second has been worked out and this is also represented in the title. Delete the second aim?

Routine care is discussed in the first sentences of the results, and shows that PFMT is the treatment of first choice for all participating GPs in case of stress incontinence. That makes a discussion on the added value of an e-Health intervention with PFMT meaningful.
The second theme has a strange title: ‘mixed feelings’. Do the authors mean that the opinion of the GPs on a supportive role in addition to an e-Health intervention varied between the participants?

And what is meant by a 'stand-alone intervention'? No contact at all with the GP? Also not in the diagnostic phase of urinary incontinence? The quote on page 10 from GP9 suggests that the e-Health intervention the GPS were asked about, only included the training of the pelvic floor muscles, not the diagnosis.

What is meant by the sentence 'GPs highly appreciated following their patient's progress by updates about their status' (page 9 line 56-57)? Is this meant in general or only for urinary incontinence?

In the remarks about age, it is unclear whether the GPs confined themselves to patients with stress urinary incontinence, since older women more often have mixed or urgency urinary incontinence.

And for younger women, the opinions differed: GPs though they could profit more from e-Health, but on the other hand GPs were more inclined to refer young women to a therapist or specialist. Did they think e-Health could prevent such a referral?

DISCUSSION

The discussion starts with a clear summary of the findings on the study. The subsequent section, about the disadvantages, suffers from lack of information about the intervention the GPs had to reflect upon: did it include a diagnostic module or only PFMT? Is the diagnostic questionnaire, which is mentioned in line 45-47 on page 12 supposed to be part of the e-Health intervention.

Maybe the two disadvantages that were mentioned by the GP, that is, lack of a diagnostic procedure and lack of monitoring and support can be separated more.

The authors acknowledge in line 36-38 on page 13 that eHealth is a broad concept. This study is not clear about the concept the GPs were talking about. This should be addressed in the discussion, as it may have influenced the answers of the GPs.

And in line 49-51 on page 13 the GPs are accused of being reluctant with using eHealth, based on misperceptions rather than on evidence. As stated above, the evidence on eHealth applications
for urinary incontinence is not yet abundant, so maybe it is better to says that GPs are, justly, waiting for more evidence. We have to do more research in this area, and also in older women with urgency or mixed incontinence.

Therefore, the sentences in the CONCLUSIONS that GPs should be corrected in their misperceptions and that they need to trust the stand-alone eHealth, do not do justice to the concern of the GPs about the possible disadvantages and lack of evidence on eHealth urinary incontinence. This should be reformulated.

**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.

No

**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.

I am able to assess the statistics

**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