Reviewer’s report

Title: Chronic Obstructive Pulmonary Disease (COPD) management in the community: how could primary care team contribute?

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Reviewer: Tiago Maricoto

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Manuscript Number: FAMP-D-20-00241
Title: Chronic Obstructive Pulmonary Disease (COPD) management in the community: how could primary care team contribute?

Global assessment:
This is a very interesting study, upon a very important subject. Probably one of the biggest studies so far conducted and addressing audit interventions on the healthcare setting perspective of COPD management. I would like to highlight some strengths of this study, such as the focus upon a very important and vulnerable population, COPD patients, the significant sample size and the very broad spectrum of criteria evaluated. It also includes mostly elderly patients, who are frequently excluded from most studies.

However, there are some minor reviews I would like to suggest in order to accept the paper.

*The abbreviations should be checked, I found 2 that were not properly spelled on the main text, "GOPC" and "FU", even though they are presented on the last table.

*I notice on table 1 that a key criterion is missing from the audit list, which is the "regular review of inhaler use adherence provided by a doctor, nurse or other health professional". I would like to ask the authors why did not they include such criterion, considering there is strong evidence of its benefit in improving clinical control and reducing exacerbations, namely on elderly populations. Considering it was not included on criteria list, I strongly suggest the authors to improve the discussion, highlighting its importance as a key aspect that might have been included. There are two up-to-date papers of high quality showing the benefit of inhaler review either reducing exacerbation rates and costs. The following may be added:
https://doi.org/10.1111/jgs.15602
https://doi.org/10.1111/jgs.15834

*The authors found an initial exacerbation prevalence of 17.9%, which I find to be very low on such an elderly population, on which usually such rates are reported to reach up to 50%. Reading the methods, it is not clear how exacerbations were defined. I get the impression that there were only considered hospital admissions, which might have underestimated it. I say this because hospital admissions may only represent moderate and severe exacerbations, and we know that plenty mild exacerbations are detected on primary settings without the need for an hospital
admission. The authors must clarify that and get a little deep on the discussion as I mention it. The previous citation of the metanalysis I suggested may also be used as a reference to this topic.

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Yes

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

Yes

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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?**
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Yes

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