Reviewer’s report

Title: Use of GP services by patients with schizophrenia compared to patients with diabetes - a national cross-sectional register-based study

Version: 2 Date: 27 August 2014

Reviewer: Dinny de Bakker

Reviewer’s report:

The paper researches the highly interesting field of the increasing role of GPs for patients with mental disorders and the relationship between care for somatic and psychiatric morbidity. The question is answered whether patients with schizophrenia differ from patients with diabetes in terms of utilization of GP care, coming to the conclusion that the consultation rate is more or less equal but GPs are more involved in multidisciplinary meetings for schizophrenia patients.

Major compulsory revisions

1. Although the question as such is clear I have some trouble with the comparison and how the conclusions can be interpreted for several reasons.

   The first concerns the choice for diabetes as an example of a group of patients ‘which also has an increased prevalence of chronic somatic conditions’. This is a disease with a twentyfold higher prevalence and a high degree of protocollization, which makes it much more routine than schizophrenia. This makes it difficult to compare. The care for diabetes in the Netherlands is very much multidisciplinary with apart from the gp a role for the dieticians, podiatrists and specialists. There are few multidisciplinary meetings concerning individual patients but more referral agreements at organizational level. Secondly, diabetes is mainly the responsibility of gp’s in my country whereas schizophrenia is often the primary responsibility of specialized mental health care although also in the Netherlands it is policy to increase the role of general practice. Thirdly the research question does not follow logically from the introduction. Reading the last section of the introduction one would expect focus on the care for somatic problems of people with schizophrenia. Care for somatic and psychiatric morbidity are not differentiated in the research questions. Why not like in the study of Oud et al looking at the level of care for schizophrenia patients with specific somatic diseases (COPD, diabetes) and compare this with usual care for these diseases.

2. In general the methods are well described. I do not understand one thing. I understand that the claims data contain the ICPC. So I would think that for every claim the ICPC is known. Than it should be possible to detect for what other ICPCs than T72 interventions are claimed thus providing information on comorbidity. Nevertheless the discussion section states that information on comorbidity is unknown. How can this be explained, especially because in the method section that there were 864 patients with both the diagnosis schizophrenia and depression.
Major compulsory revisions

3. Are in the data all the claims included for respectively the schizophrenia and the diabetes-patients or only the interventions for these specific diseases. If they are included, this is not correct in my opinion because conclusions are drawn concerning the specific treatment for these diseases. Analyzing separately the claims for other diseases is highly relevant given the suspicion in the introduction that GPs would neglect somatic morbidity of patients with schizophrenia. Whether the 864 patients with both schizophrenia and diabetes receive the same care for diabetes as other diabetes patients is important.

Minor essentially revision

4. Can be ascertained that patients diagnosed in 2007 are still on the GPs patient list in 2009? What happens if patients are institutionalized?

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

I declare that I have no competing interests