Reviewer’s report

Title: Barriers and facilitators for the management of vertigo: a qualitative study with primary care providers

Version: 0 Date: 22 Nov 2017

Reviewer: Jamie Ross

Reviewer’s report:

Thank you for the opportunity to read your research. This paper presents a qualitative study of the barriers and facilitators for the management of vertigo. Interviews are conducted with primary care providers using a theoretically informed topic guide. Diagnostics posed the biggest challenge in vertigo management to the primary care providers. Findings may be relevant to those with an interest in guideline implementation.

Major comments

The introduction really needs some strengthening to demonstrate that this is an area of importance. Currently there is not enough explanation about vertigo as a condition, what is involved in management (by patients and healthcare systems), what the implications are if it's not managed well. There is not enough of an argument that HCP don't follow guidelines or find them challenging to follow in vertigo care at the moment. More evidence that this is a real problem worth addressing is needed. It's not enough to say that in other fields PCPs have problems with implementing guidelines. There needs to be a discussion of the current literature in this area (especially as it is later referred to in the discussion). This should make it clearer why this research is necessary, who it may be useful for and what this research adds, which at the moment isn't obvious.

Page 5 line 12- The use of five theories seems a little excessive. More detail is needed to explain why the interview topic guide was based on these particular theories, linking it back to the research objectives. It is unclear at present what exactly it is the authors are trying to find out. The authors need to make clear the justification for the use of all of these, and much more needs to be provided in way of describing the 'synthesis of constructs'(Page 5 line 13). The authors use the TDF to focus on the 'role of individual characteristics', and the CFIR to focus on 'the role of intervention characteristics and context in behaviour change'. However, one of the central constructs of the CFIR is 'Characteristics of the individual' which include: knowledge and beliefs, self-efficacy, individual stage of change, identification with organizational and personal attributes'. A better justification of the need to use both theories is needed, as is an explicit justification for why a third model (COM-B) has been employed? Also the abstract it states that the AGREE II framework is used- I can't see any mention of this in the text. Page 6 line 3- 'Cochrane Effective Practice Organisation of Care Group taxonomy'-More description is needed as to what this is and how it is used in the interviews and why it was also needed on top of all the other constructs derived from the four theories already used.
Page 6- line 13 it is unclear why data on these specific characteristics were collected. Are they related to a hypothesis or research question? For example do you have a hypothesis about internet use and vertigo management?

Page 7- line 9 Very small pool to recruit from. Why not primary care physicians more generally? The authors should reflect on the ways that selecting only participants who have previously been involved in their research about vertigo might have implications for findings.

Minor comments

Page 4 line 4- The opening sentence of the introduction contradicts itself somewhat and leaves the reader uncertain as to the premise of the paper. If vertigo is straightforward to diagnose and treat, where does the 'uncertainty about the management' arise from?

Page 4 line 5- "As 45% of vertigo patients first contacts with the health care system occur on the primary care level, improving vertigo and dizziness management in primary care has the potential to reduce unnecessary health care utilisation"- surely the argument is about the amount of appointments/time spent with primary care services for the ongoing management of vertigo, not the first contact. I doubt first contact will be reduced? This argument needs to be rethought.

Page 4 line 9- This sentence needs to be clearer and really introduce the issue of guideline adherence, specifically for vertigo. At the moment it's hard to see what relevance it has to the paragraph before.

Page 4 line 21- More explanation as to what is meant by 'preconditions' is needed. And these 'preconditions' need to be explicitly discussed in the introduction with reference to the existing literature.

Page 7 line 1- I'm not sure what 'quality management implementation' refers to here and how it related to the research objectives. As previously mentioned, clarity early on in the paper around what 'precondition' are and mean in this context might shed some light on this?

Page 9- line 18- Were there any data that didn't code to one of the predetermined constructs? How was this data dealt with if so?

Page 18 line 8- if development of an intervention was an objective of this research this should be made clearer in the 'objectives' section. Otherwise this should be moved to later in the discussion as a future direction of this work.

Page 19 line 20- you need to explain why this is a strength, what did it add, give examples.

Page 20 line 4- What about the fact they were all selected for having a previous participate in research about vertigo? This needs to be discussed.
Page 20 line 8- I think you need to state whether they did or didn't vary and in what ways, i.e. were there differences in richness of data? What were the perceptions of those conducting the interviews?

Page 20 line 12- what social desirability effects may have been in play? How may this have impact on your findings? This is too brief a sentence and doesn't sound very considered.

Page 20 More needs to be added about what this research adds, why it is useful and to whom.

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An article of limited interest

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