PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (see an example) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

This paper was submitted to the BMJ but declined for publication following peer review. The authors addressed the reviewers' comments and submitted the revised paper to BMJ Open. The paper was subsequently accepted for publication at BMJ Open.

ARTICLE DETAILS

TITLE (PROVISIONAL)	GPs' perspectives on the management of patients with multimorbidity: systematic review and synthesis of qualitative research
AUTHORS	Sinnott, Carol; Mc Hugh, Sheena; Browne, John; Bradley, Colin

VERSION 1 - REVIEW

REVIEWER	Freund, Tobias University Hospital Heidelberg, Department of General Practice and Health Services Research
REVIEW RETURNED	01-Jun-2013

GENERAL COMMENTS	Sinnott et al. report on a systematic review and meta-ethnographic study of GPs' perspectives on the management of patients with multiple chronic conditions. As multimorbidity management is an integral but sometimes challenging part of everday practice the authors' contribution to the field is of high importance. The methods are scientifcally sound and the paper is well-written. From reading the manuscript some major points arised which may have to be clarified in a revised manuscript: 1) Definition of multimorbidity: Since its first definition by Brandlmaier 1976 (Z f Allgemeinmedizin) and the subsequent publication of this definition by van den Akker 1996 and others there has been an intensive debate about how to define multimorbidity. I will not ask you for providing full details about it in your paper but in its current form this discussion is missing completely. This raises a paradoxon: You write that on the one hand multimorbidity is the rule rather than the exception in general practice (which may be right if you apply the "2+N" definition rule) but on the other hand your results display that multimorbid patients are a specific and presumably smaller GROUP of patients with challenging demands. I am afraid that GPs in the studies you reviewed may have had different concepts of multimorbidty in mind during focus groups /interviews (such as "complex", "demanding"). Please discuss that point in your paper. 2) Time lack: There is a very long time lack between 1976 (or 1996) and 2009 when the first qualitative work on multimorbidity management has been published. You may have either missed publications before that date (which is pretty unlikely as your search algorithm was highly elaborated) or this lack is meaningful. It would be valuable to discuss that point (as GPs care for multimorbid patients since ever!)

	3) From the title and study characteristics of Steinman et al. I wonder why you included that study as it seems to have a strong single disease focus (CHF). You may have to make clear why you included this study and excluded others.

- The manuscript received a second review at the BMJ but the reviewer did not give permission for their comments to be published

VERSION 1 – AUTHOR RESPONSE

Reviewer 1

1) Definition of multimorbidity: Since its first definition by Brandlmaier 1976 (Z f Allgemeinmedizin) and the subsequent publication of this definition by van den Akker 1996 and others there has been an intensive debate about how to define multimorbidity. I will not ask you for providing full details about it in your paper but in its current form this discussion is missing completely. This raises a paradoxon: You write that on the one hand multimorbidity is the rule rather than the exception in general practice (which may be right if you apply the "2+N" definition rule) but on the other hand your results display that multimorbid patients are a specific and presumably smaller GROUP of patients with challenging demands. I am afraid that GPs in the studies you reviewed may have had different concepts of multimorbidty in mind during focus groups /interviews (such as "complex", "demanding"). Please discuss that point in your paper.	We agree that there is lack of clarity on the definition of multimorbidity. I have addressed this with respect to the included papers in the results section by adding: "Six studies primarily focused on multi-morbidity. In these, multimorbidity was defined for study participants as two or more chronic diseases (24, 26, 29, 32) or introduced to participants using a multimorbid case vignette (30) or an editorial on multimorbidity.(23)" I have also highlighted the lack of clarity on the definition in the discussion section: "Multimorbidity is not a MeSH term and there is a lack of consensus on what the term means or encompasses with regard to diseases and disease severity.(46) We used a broad but less specific search strategy to account for this (Appendix 1) which resulted in the retrieval of papers with important information on multimorbidity, but whose original focus was not on this issue. Achieving consensus on the definition of multimorbidity will be important for the generalizability of findings and evaluation of future interventions in this field."
2) Time lack: There is a very long time lack between 1976 (or 1996) and 2009 when the first qualitative work on multimorbidity management has been published. You may have either missed publications before that date (which is pretty unlikely as your search algorithm was highly elaborated) or this lack is meaningful. It would be valuable to discuss that point (as GPs care for multimorbid patients since ever!)	We have addressed this point in the discussion section: "The term 'multimorbidity' was first discussed in the literature in 1976, however the first article that we found investigating this issue with GPs using qualitative methods was published in 2009.This lag mirrors the recent surge in quantitative research investigating multimorbidity, which may be explained by the increasing prevalence and

	economic impact of multimorbid patients.(47)”
3) From the title and study characteristics of Steinman et al. I wonder why you included that study as it seems to have a strong single disease focus (CHF). You may have to make clear why you included this study and excluded others.	We have elaborated on the reasons for including this paper, and others that did not primarily focus on multimorbidity in the results section: “Four studies retrieved by our search did not focus primarily on multimorbidity but were included as multimorbidity emerged as an important issue for study participants; two studies addressed polypharmacy (28, 31) and two explored the role of guidelines in primary care. (25, 27)”