Author’s response to reviews

Title: Health Alliance for prudent antibiotic prescribing in patients with Respiratory Tract Infections (HAPPY AUDIT) -impact of a non-randomised multifaceted intervention programme

Authors:

Lars Bjerrum LB (lbjerrum@sund.ku.dk)
Anders Munck AM (amunck@dadinet.dk)
Bente Gahrn-Hansen BGH (bente.gahrn-hansen@ouh.regionsyddanmark.dk)
Malene Plejdrup Hansen MPH (mplexdrup@health.sdu.dk)
Dorte Jarboel DJ (djarbol@health.sdu.dk)
Gloria Cordoba GC (gloriac@sund.ku.dk)
Carl Lior CL (t2604jcy@comb.es)
Josep Maria Cots JMC (23465jcy@comb.es)
Silvia Hernández SH (silviash@comt.es)
Beatriz González López-Valcárcel BGLV (bvalcarcel@dmc.ulpgc.es)
Antoñia Pérez AP (aperperi@gobiernodecanarias.org)
Lidia Caballero LC (ljo@arnet.com.ar)
Walter von der Heyde WVDH (vonderwalter@yahoo.com.ar)
Ruta Radzevivien RR (ruta.r@takas.lt)
Arnoldas Jurgutis AJ (jurgutis@klaipeda.aiva.lt)
Anatliy Reutskiy AR (a_reutskiy@mail.ru)
Elena Egorova EE (egorova_e@list.ru)
Eva Lena Strandberg ELS (eva-lena.strandberg@med.lu.se)
Ingvar Ov hed IO (ingvar.ovhed@ltblekinge.se)
Sigvard Molstad SM (sigvard.molstad@li.se)
Robert vander Stichele RvS (robert.vandestichele@ugent.be)
Ria Benko RB (benko@clph.szote.u-szeged.hu)
Vera Vlahovic-Palcevski VVP (vvlahovic@inet.hr)
Christos Lionis CL (lionis@galinos.med.uoc.gr)
Marit Rønnng MR (marit.ronning@fhi.no)

Version: 2 Date: 29 April 2011

Author’s response to reviews:

Thank you for allowing us commenting on the constructive advices and proposals from the two referees.

Referee 1 (Svein Gjelstad) has the following comments

Advice for major compulsory revisions:

• Results from the control group as described in the protocol should be added to the manuscript.

Answer: The HAPPY AUDIT study included GPs and patients from 6 different
countries. The method applied was according to the Audit project Odense (APO) method with a registration before and after an intervention. In this paper we wanted to present the change in prescribing rate before and after the intervention activities. In Spain with more than 300 GPs included we were able to include a control group, but this was not done in the other countries. Results from Spain will be published separately.

• An adjustment for a cluster effect on the GP level should be added for the data in table 3 and table 4.

Answer: We agree in this point and we have in the revised manuscript adjusted the confidence intervals for clustering according to GP level in Tables 3 and 4 as proposed by the referee.

Advice for minor modifications:

• Addition of a comparison between the characteristics of the participating GPs against the whole group of GPs in the different countries (see above point 2e).

Answer: The practice settings and the characteristics of GPs included in this multinational study are so heterogeneous that we don’t find it meaningful to aggregate data on the whole group of GPs.

• The grey-scales in figure 1 should be altered in order to clearly identify the different RTI groups.

Answer: We agree and have removed the grey-scales in figure 1.

Referee 2 (Martin Gulliford) has the following comments:

• The study suffers from the obvious limitations that there is no control group, no randomisation, and recruitment is by GPs who are aware of the study objectives. As such the estimate of the intervention effect is likely to be larger than from an RCT. While some of these issues are acknowledged in the Discussion, I recommend that the title should include the words 'non-randomised'.

Answer: We have changed the title according to the proposal from the referee.

• The limitations of the design should also be acknowledged in the Abstract. The data are clustered by general practice and country but no details are given of statistical analyses. Confidence intervals may be too narrow. The paper should clarify how this issue has been addressed.

Answer: Limitations of the design are mentioned in the abstract, and as proposed by the referee the confidence intervals have been adjusted for clustering according to GP level.

Best regards
Lars Bjerrum