Author's response to reviews

Title: The relationship of health care use with the persistence of insomnia: a prospective cohort study

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Editors of BMC Family Practice

Dear Editor

We wish to submit our paper ‘The relationship of health care use with the persistence of insomnia: a prospective cohort study’ for publication in BMC Family Practice.

There is no conflict of interest and the paper has not been submitted elsewhere. All the authors contributed to the study and have approved the final version. As corresponding author I take full responsibility for the contents of the paper.

This short paper reports analysis of data produced by the study of a cohort from the general population who responded to two questionnaires a year apart, and consented to medical record review. A previous paper ‘Health care use in persons with insomnia: a longitudinal study’, by the same authors, linked the baseline questionnaire to health care use in the following year to assess associations of self-reported insomnia with future use of primary care for insomnia or anxiety and depression. This paper was published by The British Journal of General Practice in May 2010 (Brit J Gen Pract 2010, 60: 334-340). The current paper, follows up the same participants to assess whether primary care use, including medication, was related to the persistence or remission of insomnia symptoms 12 months after the baseline survey.

There are few longitudinal studies examining the outcome in primary care for people presenting with insomnia, and in particular it’s association with management. In our study, those with insomnia symptoms continued to have problems regardless of whether they received primary care management or not, indeed persistence of insomnia was associated with hypnotic use. Further research is also needed to determine more effective methods of identifying and managing insomnia in primary care. Of concern is a large group of insomniacs who have persistent insomnia but neither have medication nor consult their physician. The authors are concerned that this group may well include depressives receiving no treatment.
We have no preference for particular reviewers.
We look forward to hearing from you
Yours sincerely
Richard A Hayward