Author's response to reviews

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

Authors:

Richard A Hayward (r.hayward@cphc.keele.ac.uk)
Kelvin P Jordan (k.p.jordan@cphc.keele.ac.uk)
Peter R Croft (p.r.croft@cphc.keele.ac.uk)

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Author's response to reviews: see over
17th Dec 2011

Dear Simon

MS: 6101475434379514
The relationship of health care use with the persistence of insomnia: a prospective cohort study
Richard A Hayward, Kelvin P Jordan and Peter R Croft

Thank you for your email dated 27th November 2011 asking us the address the comments raised by Referee 1 and Referee 4. Referee 1 did not have any further comments so we have concentrated on the comment raised by Referee 4.

Referee 1

No further comments.

Referee 4

This MS have improved considerably during review process. My only serious concern is the selection of in follow-up. 735 reported insomnia at baseline and only 474 responded to 12 month survey. Because authors have variables describing the population of 735 individuals, I suggest that they analyse more closely which variables predict the drop-out. A short discussion about the possible selective effects of drop-out on interpretation of results would improve the MS.

We have now analysed more fully the differences between those who responded at 12 months and those who reported insomnia at baseline but could not be followed up. There was actually little difference in terms of socio-demographics, self-reported anxiety or depression, self-reported pain, or health care use for mood problems.

On p.6 in the Results we now state:

“Compared to those reporting insomnia at baseline who did not consent to record review or did not complete the questionnaire at follow-up, the 474 participants who were followed up were no different in terms of gender (female: 63% v. 60%), age (mean 52 v. 51), levels of anxiety or depression at baseline (68% v. 70%), or reporting multiple pains at baseline (pain in more than 4 sites: 52% v. 47%). When further compared with those who reported insomnia at baseline and consented to record review but did not complete the follow-up questionnaire, in the 12 months after baseline the 474 participants had a similar prevalence of consultation for a mood disorder (18% v. 20%) and hypnotic prescription (8% v. 8%), but slightly fewer had an anti-depressant prescription (19% v. 23%).”
In the Discussion (p.10) we now state:

“As with all cohort studies, there was further attrition at follow-up. However, there were few differences between those completing follow-up questionnaires and those who did not, in demographics, self-reported anxiety or depression, self-reported pain, or health care use for a mood disorder. Whilst any selective non-response may affect the overall estimates of rates of consultation and prescription, it is unlikely to affect the associations found.”

We hope the manuscript is now suitable for publication.

Yours sincerely

Richard Hayward