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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Author's response to reviews:

1st Feb 2012

Dear Simon

Thank you for accepting our paper for publication following a few formatting changes which have been completed. The alterations to the text following your email accepting the changes, have now been incorporated into the text

MS: 610147543479514

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

The following are the reviewer’s comments and our replies which are now in the text.

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 either of 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.”

Now the manuscript has been altered and approved we look forward to publication.

Yours sincerely

Richard Hayward