Author’s response to reviews

Title: Antibiotics for coughing in general practice: a questionnaire study to quantify and condense the reasons for prescribing

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PDF covering letter
Dear Bruce Arroll, dear Nigel Stocks,

Thank you for your excellent comments and suggestions.

After contacting Clare Collett, Assistant Editor of BMC Journals, I was told I should only respond to the discretionary revisions suggested.

A fuller discussion of patients factors and the potential importance of chest signs as a determinant of antibiotics prescription was suggested as discretionary revision, because this might be helpful for the readers. We nevertheless also took your other comments and suggestions into account in the revised manuscript:
- It is not clear why two questionnaires were sent rather than one in two part: Because we mean the latter the text is adjusted accordingly.
- The last sentence in the analysis section…:
  We deleted the sentence. It was part of the template manuscript from BMC.
- Discussion of the most recent Cochrane review for acute bronchitis:
  We added: “Yet, for patients with acute (productive) cough the benefit from antibiotics is limited: antibiotics do not influence the duration of productive cough, nor that of limitation in work or activities; out of every 10 patients with acute (productive) cough more than 8 will be clinically improved after 7-11 days regardless the use of antibiotics; less than one patient extra will be improved due to antibiotics; but as many patients will experience the side effects of treatment.[1, 2]”
- The potential importance of chest signs as a determinant of antibiotic prescription:
  We continued: “And although there is a strong association between focal chest signs and radiographic pneumonia, which suggests presence of focal chest signs may be an important medical reason for antibiotic prescribing, there are no clinical criteria to identify subsets of patients who are most likely to benefit form antibiotic treatment,[3] The presence of focal chest signs however is associated with antibiotic prescribing.[4]”
- A fuller discussion of patient factors:
  We continued: “Also non-medical reasons such as patient expectations have been shown to affect prescribing behaviour of GPs for both upper [5] and lower [6] RTIs. And, it has been suggested that GPs’ perception of patient expectations may be the strongest determinant for antibiotic prescribing.[7, 8] In addition there is little agreement between patient expectations and GPs’ perception of these.[8, 9] And, for as long as it is difficult in the primary care setting to identify patients for whom antibiotics will be beneficial, these non medical reasons will inevitably keep on playing an important role in the decision to prescribe antibiotics.[10]”
- After sending a first revision it seemed that it would be best if tables 1-3 were submitted as figures instead so that the information in the 'Distribution of scores' column is not lost in the online production process.
  We converted the tables to figures. Changed the numbering of the figures according to citation in the text, and added a detailed description of all figures.

We also linked the words "Antibiotics, use them less often, but better," with the Official WEB site of the Belgian National Campaign for a more appropriate use of antibiotics ( English for professional: URL: http://www.red-antibiotica.org/english/index.html).

And we included the e-mail addresses for all authors on the title page of the manuscript.

Faithfully yours,
References