Author's response to reviews

Title: Benzodiazepine Prescribing Behaviour and Attitudes: A Survey among General Practitioners Practicing in Northern Thailand

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Author's response to reviews: see over
Dear the Editor:

Thank you for the reviewers’ comments on our previous version of the manuscript. I, as the representative of the manuscript authors, am writing this letter for the resubmission of the manuscript entitled ‘Benzodiazepine Prescribing Behaviour and Attitudes: a Survey among General Practitioners Practicing in Northern Thailand’.

Attached please find the revised manuscript. Totally, it contains 3,577 words, including 271 words of the abstract, 2,037 words of the body of the manuscript, 19 references, 2 tables, and 452 words of the annex.

All four authors of the submitted paper have contributed substantially, reviewed, and given final approval of the submitted manuscript. The paper has never been published and is not being considered by any journal.

The revised manuscript has addressed the reviewers’ comments as follows:
Reviewer: Frans G. Zitman
- Antidepressants concurrently given together with BZDs: We have added the last sentence in page 8 (Results) stating that ‘Of 26 GPs (47% of the GPs) who gave BZDs for depression, 16 of them would administer antidepressants concurrently.’
- Characteristics of nonrespondents: see below
- Reference #3 – BZDs do more harm than good for GAD: Although the text of the cited paper did not state this, BZDs is clearly placed under the heading of ‘interventions do more harm than good’. In the revised manuscript, the sentence regarding this matter therefore has not been changed.
- Results section (line 3) – ‘questionnaire from 55 GPs (25 males and 20 females): the figures have been corrected as 32 males and 23 females.

Reviewer: Rob Sanson-Fisher
- Methodological weaknesses associated with the survey: This issue was mentioned as the first limitation of this study in the previous manuscript (see Discussion). Instead of reiterating this issue both in methods and discussion sections, we prefer to mention only once in the discussion.
- Characteristics of nonrespondents: see below
- Suggested intervention strategies to reduce the inappropriate use of BZDs: The manuscript has been considerably long (as the comment of another reviewer). In addition, we consider that this issue may be out of the scope of this study. We therefore decline to mention about the strategies in our manuscript.
- More carefully think through the issue that the survey may not reflect real practice: We modified the statement of ‘the answers of many respondents may be based on their knowledge but not their practice’ by adding a phrase of ‘As most physicians have realized the detrimental effects of BZDs’ in the front. (see page 11, line 5-8).

Although we have realized the importance of presenting the characteristics of nonrespondents, it is impossible for us to do so. Without the nonrespondents’ responses, we cannot realize their characteristics. Accessing their basic characteristics without their consent appears to be unethical. In addition, as most Thai physicians practice in community hospitals
for only few years and move frequently, it is likely that some nonrespondents have now moved away.

Please let us know if you have any question or comment on the revised manuscript.

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Thank you for your consideration. My colleagues and I are looking forward to hearing from you.

Sincerely yours,

(Manit Srisurapanont, M.D.)