Author's response to reviews

Title: Difficulties associated with out-patient management of drug abusers by general practitioners. A cross sectional survey of general practitioners with and without methadone patients in the french-speaking part of Switzerland.

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Version: 2 Date: 21 October 2005

Author's response to reviews:

Lausanne, the 09th of September 2005

Manuscript: No 5419605646972778- Difficulties associated with out-patient management of drug abusers by general practitioners. A cross sectional survey of general practitioners with and without methadone patients in Switzerland.

Dear Editor,

Below are our responses to the reviewers' thoughtful and helpful comments.

Response to reviewer 1: Wendee M. Wechsberg
We completed the literature review and modified the background to integrate a more international view of MMT. We also described the Swiss policies on methadone more clearly.

You asked about the questionnaire: how the questions were asked, how many, how long did it take? The questionnaire was a nine-page multiple-choice questionnaire, with various questions addressing pharmacological (highest dose of methadone given), legal, financial (how GPs get paid), emotional, and psychiatric aspects (including psychiatric medication and referral to a psychiatrist), and relationships, multidisciplinary aspects (e.g., with social workers), motivation of primary care physicians, and specific management in the office setting. We did not use all the answers for the paper, but we translated the relevant questions from French to English and presented them in tables. We did not ask for a written consent because we assumed that the return of the questionnaire was in itself a consent. We have had the text edited by a native English-speaking editor. We agree with you about the levels of patients under care and with your opinion on the 100-mg doses and have changed the text accordingly. In addition, we corrected and changed the presentation of the tables.

Response to reviewer Nat Wright:
Background
We used the term "office-based practice" because in Switzerland, internal medicine specialists work as General Practitioners. The time is globally similar in terms of years of internship, which differs from other countries. Thus, we used this term with the same understanding as you had. We added, at your suggestion, the phrase "community-based treatment of drug users." Thank you for clarifying this. We have corrected the word "continuous." Thank you for suggesting the Strang paper; we have added it as a reference.

Methods
The questionnaire was not formally validated with inter-rater techniques. We added this information in the "limitations of the study" in the Discussion.

Results
As you requested, we added the chi-square test. You asked if we had information about whether non-responders differed from responders; we assume that you mean GPs who did not answer our questionnaire. Unfortunately, we do not have these data. There are no national statistics or data about GP demographics (age, years of practice, etc.) or how they operate as a GP.
Thanks for your suggestion regarding additions to the references; we have included them.

The third paragraph says that the mean number of patients that PTs would like to treat is less than the mean number of patients they actually treat. We did not put the result of the question "would you accept new MMT patients" in the table, which has resulted in some confusion. We clarified this and suppressed one table (redundant).

Regarding the highest dose, we added the median highest dose and the mode. We also changed our conclusion about the dose of methadone, especially after reading Strang's paper, which led us to realize that this dose was not as outside the norm as we had thought.

We added PWT as you suggested to the sentence "the percentage of physicians who had received requests for methadone treatment was high."

Discussion
About the 12.3 percent of PWTs who do not have MMT patients, we do not know if they had never received any requests (only 52% had already received requests for MMT patients) or if they had not been encouraged. You make an excellent point about highlighting this area for further research, and we have emphasized it in the paper.

You mention drug workers or drug nurses. In Switzerland, we do not work with drug workers of drug nurses. GPs are the first line; drug workers are only in some very big cities, and they usually work with specialized centers but not with GPs. Drug nurses do not exist in Switzerland. In Switzerland, GPs work with social workers in the context of MMT patients. We added an explanation of the Swiss network in the background paragraph to clarify this area.

We feel that you are probably correct about the highest methadone dose. It is difficult to compare mean doses (60-100 mg) and the highest-dose information that we obtained in our study. We chose to ask about highest dose because it was easier for GPs to answer. We have corrected our commentaries. We also have added the Cochrane review on MMT to the references.

We added some explanation about how GPs are paid for their fees and about health insurance problems specific to Switzerland.

We have corrected the typo that read, "compared with 50% of PTW."

You are right about median number of patients. We meant low instead of high, which is more consistent with the end of the paragraph.

Conclusion
By shared care, we effectively meant sharing care with either drug workers or drug nurses providing specific counseling, as is done in the UK. We expanded the explanation in the background part. It does not appear to be very well defined in the literature, either.

In conclusion, we want to thank you for your commentaries. They were excellent and helped us refine our manuscript and improved our understanding of international difficulties with the definition of some of the concepts.