Author's response to reviews

Title: Pharmacotherapy and the risk for community-acquired pneumonia: A case-control study of hospitalized older adults

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Version: 4 Date: 24 June 2010

Author's response to reviews: see over
June 24, 2010

Natalie Pafitis, MSc  
The BioMed Central – Geriatrics Editorial Team

Dear Ms. Pafitis:

On behalf of our study team, I would like to thank you for reviewing our paper entitled “Pharmacotherapy and the risk for community-acquired pneumonia: A case-control study of hospitalized older adults.” We greatly appreciate the comment and suggestion provided by the Associated Editor.

In response to his concern that “My only concern is still related to the decision of excluding history of COPD from the analysis. Indeed in the present form the analysis does not allow to clearly understand if the risk of acquired pneumonia is related to the presence and severity of the disease or conversely to the treatment itself. In other words it is important to understand if the treatment is an independent risk factor or simply a marker of the severity of the disease. A more detailed explanation in the methods section is required”, the authors agree with the excellent point made by the Associate Editor in that the history of COPD (the presence of a disease) and medication treatment for COPD need to be differentiated from each other in our final data analysis. We have taken his suggestion and have included the history of COPD in the Table 2. The adjusted odds ratio for each variable may vary slightly compared to the previous Table 2, but the statistical significant association does not change (except in that a history of COPD itself is a significant risk factor for community-acquired pneumonia as expected). Therefore, we have made the following changes:

1. We have includes the history of COPD in the multiple logistic regression model in the Table 2. The regression diagnostics showed no colinearity among the risk factors and no noticeable outlier or influential observations in the new model. We have made the changes of the adjusted odd ratios in the Table 2, abstract, and main text throughout wherever it applies.

2. We have eliminated the statement “COPD history was not included in the model because patients with COPD often use one of the inhalers, and medication use and current smoking or ex-smoking histories are better indicators of COPD than the past medical history of COPD itself” from the Method Section. We also add a statement as follows: “A history of COPD and medication used for the treatment of COPD were both included in the adjustment in order to analyze whether the treatment is an independent risk factor for CAP in addition to the presence of disease” in the Method Section.

All changes made for this revision are highlighted for your convenience.

We sincerely hope that the above changes will satisfy you and our paper could be accepted for publication in your prominent journal. If you have any questions or need additional information, please contact me at your convenience.
Respectfully,

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