Author’s response to reviews

Title: Paracetamol Use (and/or misuse) in Children in Enugu, South-East, Nigeria

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Author’s response to reviews: see over
Editor-in-Chief,

BMC Paediatrics journal

Dear Sir,

MANUSCRIPT CORRECTION: RESPONSES TO REVIEWER’S COMMENTS

The Authors are grateful to you, all the members of the Editorial Board and the Reviewers for giving us the opportunity to make corrections on our manuscript entitled:

Paracetamol Use (and/or misuse) in Children in Enugu, South-East, Nigeria

Please find below point-by-point corrections made, based on the Reviewer’s comments:

Reviewer's report:

Major Comments

1. Reviewer's report: Although paracetamol has been referred to in parenthesis in the abstract as acetamoniphen as well, it would be prudent to do so again once in the Introduction of the full paper
**Author’s response:** We have also referred to paracetamol as acetaminophen in the introduction. See page 4; introduction

2. **Reviewer’s report:** How many of the children/caregivers were illiterate? This could have an impact on the results

**Author’s response:** The educational attainment of the caregivers is shown in the result section (page 9). As reflected in this section, only 1 of the caregivers (0.5%) did not indicate level of education. The rest had primary education at least. The educational attainment of the children was not ascertained.

3. **Reviewer’s report:** It is still not clear how it was confirmed that the child had been given paracetamol and not any other medicine? How reliable was the verbal history of the care-giver in identifying the drug administered as paracetamol? What efforts were made to confirm this? The methods section does not mention (as clarified in the cover note) how it was confirmed that the child/caregiver was referring to paracetamol.

**Author’s response:** Efforts were made to confirm that the children actually received paracetamol and not any other medicine, by showing the caregivers different formulations and packs of the drug used in our locale and these were easily identified. This statement has also been incorporated in the methods section (See page 7, first paragraph). In addition, as shown in our results section, majority of the caregivers are literate (99.5%) and should be able to know if the child received paracetamol, (a common drug that is commonly used in our environment) or not.

4. **Reviewer’s report:** It would be better to write the inclusion exclusion criteria in prose form rather than bulleted as is often written in a protocol
**Author’s response:** The inclusion exclusion criteria are now written in prose form. See page 8

5. **Reviewer’s report:** The second inclusion criterion should read “Children and caregivers in whom informed consent was obtained” Was this written consent? What are the local age levels when children can give legal consent?

**Author’s response:** The second inclusion criteria were merged with the first in a prose form in one sentence. “Children aged between 6 weeks and 16 years and those in whom informed consent was obtained were included in the study.” See page 8. Oral consent, not written consent, was obtained. The age of majority in our country when children can give legal consent is 18 years.

6. **Reviewer’s report:** How was the sample size determined?

**Author’s response:** Convenient sampling of 231 consecutive children and their caregivers seen in the paediatric clinic of our hospital was done. (See page 6, study population, Lines 3-6)

7. **Reviewer’s report:** I had mentioned in my previous review that “the results of the study in no way really convince me that there is potential for overdose as no attempts have been made to find out the knowledge, attitude or practices of the caregivers in determining the dose or administering paracetamol” to which the AUTHORS’ response is : Attempts have now been made to determine the doses of Paracetamol administered and we noted that though majority of the paracetamol administered to our children are self prescribed, yet these children were given appropriate and therapeutic doses of paracetamol by their care givers” I am not clear whether the study was repeated or whether this data was available and not
reported earlier. Further the authors find now that there is very minimal overdose/abuse of paracetamol

**Author’s response:** The study was not repeated; the data quoted in our previous response was available ab initio but was omitted in the first write up. The results also show that “Paracetamol misuse was found in only a total of 4 (1.7%) cases, majority of whom are aged between 6 weeks -5 years as shown in table VI below. Adequate dosing and frequency of paracetamol was practiced by majority of the respondents for the different age groups; however 72(31.1%) of the respondents were silent on that question.” See page 10, last paragraph.

8. **Reviewer’s report:** Although the authors have mentioned one limitation, I feel the major limitations include the fact that although the questionnaire was supposed to self administered, there may have been a substantial proportion of illiterate population which led to investigators filling up the questionnaire. A bias could have crept in eliciting the response. Additionally, many of the respondents were children whose recall may be inadequate.

**Author’s response:** Limitations of our study remain as hitherto written. As mentioned earlier, illiteracy was not a problem in this study as clearly shown in the results section(see page 9) and highlighted in point 2 of this point-by-point response. In addition, all the children seen in this study were accompanied by their caregivers who corroborated the information provided by older children in the course of filling the questionnaires.

9. General Comments:
a. **Reviewer’s report:** The style of the paper is still more in the form of a protocol than a research paper.

**Author’s response:** We have tried as much as possible to improve the quality of this write up and to make it look less of a protocol. Besides, we set out to study “Paracetamol Use (and/or misuse) in Children in Enugu, South-East, Nigeria” in an observational prospective manner.

Once again, the authors thank you, the editorial team and the reviewers most sincerely for your critical review and suggestions which have no doubt improved the quality of this manuscript.

We hope this revised version of the manuscript will now be suitable for publication in your Journal.

Thank you Sir.

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