Author's response to reviews

**Title:** Factors related to the use of antidepressants and benzodiazepines: Results from the Singapore Mental Health Study

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Professor Jyrki Korkeila
Editor
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Ref: MS: 1788689001894409 Factors related to the use of antidepressants and benzodiazepines: Results from the Singapore Mental Health Study

Dear Prof Korkeila,

Thank you for your email, and we would also like to thank the reviewers for their constructive comments. Our response is as follows (highlighted in bold for easy reference):

Comments of the Reviewers:

Reviewer 1
1. Is the question posed by the authors well defined?
The study is a household survey of psychotropic drugs use in Singapore to assess the prevalence and associated factors.

2. Are the methods appropriate and well described?
The methods are appropriate but not well described. Numerical characteristics of the sample are lacking. Also there is a need to add numerical data to all tables. Table 1 should include Ns and % for each characteristic and Chi-square values and degrees of freedom should be reported. The AD and/or BZD category is ambivalent and should be clarified. If it refers to the use of AD in combination with BZD, then the conjunction "or" is misleading. Explain also why pre-primary education is included in the same category as primary education?
The "Econ. Inactive" category needs an explanation.
The term AD and/or BZD refers to those who were prescribed either one or both the medications.
We have explained the term "Economically Inactive" in the legend of all the Tables.
We have added N, Chi-square values and degrees of freedom in the revised Table 1.
We have included pre-primary education in the same category as primary due to low number of respondents in this group. Although we have 4.6% (n=307) respondents with pre-primary in overall sample, there were zero cells in pre-primary category and the parameters could not be estimated in multivariate
analyses when we stratified by medication. Therefore we decided to regroup this
together with the primary education group.

3. Are the data sound?
Full description of the sample characteristics could clarify answer to this question.

We have added the description of the sample characteristics under the Results
section and as well as in Table 1.

4. Does the manuscript adhere to the relevant standards for reporting and data
deposition?
Technical writing is not good enough.
Accurate definitions are lacking throughout the text and tables. For example, the
title of table 1 should read Twelve-month prevalence...; in table 2, "by help-seeking
profile" should be replaced with "by help-seeking category"; "No alcohol, anxiety,
etc." category should sound as "No disorder"; "Prevalence" is more accurate label for
the "Category" column; multiple "Lifetime, no 12-month" prevalence should be
explained only in notes to each table. Add Ns and significance test values to table 3.
Psychiatrist, GP and other doctors are not "help-seeking categories" but rather
"sources of help". In table 4, the label "Demographic category" should be replaced
with "Variable" because not only demographics, but also help-seeking and clinical
diagnoses' categories, are included in.

We apologize for the errors.

Table 1: We have amended the title to 12-month prevalence
Table 2: We have replaced help-seeking profile with ‘help-seeking category’.
No alcohol, anxiety etc. has been replaced by ‘No disorder’.
We have replaced category by ‘Prevalence’
‘Lifetime, no 12-month’ group has been explained in the notes (legend).
We have indicated Psychiatrist, GPs and other doctors as ‘sources of help’
Demographic category has been replaced with ‘Variable’
Significance test values have been reported previously. We have added N values
in the revised table 3.

5. Are the discussion and conclusions well balanced and adequately supported by the
data?
The main finding is that "help-seeking" is the strongest predictor for both AD and
BDZ use. This finding is obvious: those who do seek help from physicians are more
likely to be diagnosed with a mental disorder and, consequently, to be treated with the
medications, compared with those who do not seek help from the doctors. All other
explanations (subclinical symptoms, distress, functional impairment, other disorders,
somatic symptoms, etc.) seem not suitable. The interesting findings (that bipolar
disorders and anxiety disorders were not associated with the AD and BDZ use)
remained unexplained.

We disagree with the reviewer that those who seek help are those more likely to
be diagnosed with a mental disorder: population-based epidemiological studies
everywhere have consistently shown large treatment gaps even in richly
resourced countries (see Insel TR. Arch Gen Psychiatry 2005;62:590-592, Thornicroft G. Lancet 207, 307:807-808). A concern that has also surfaced from the National Comorbidity Survey (NCS) is the considerable proportion of people who did not meet the threshold for any mental disorder but had sought help. Lifetime anxiety disorders were associated with the use of both ADs and BZD. However, bipolar disorder was not associated with AD or BZD use. We have included the explanation under our discussion section—in essence, the preference for the prescribers in Singapore are mood stabilisers for bipolar disorder.

6. Are limitations of the work clearly stated?
The study limitations should be inferred from the fact that this study was a household survey of the AD and BDZ use among non-institutionalized population.

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
Citing the following recent studies could be relevant:

We would like to thank the reviewer for pointing out these relevant references. We have included two of them in our revised manuscript.

8. Do the title and abstract accurately convey what has been found?
"Prevalence" could be added to the title in order to make it more accurate.
We have added the term ‘prevalence’ to the title.

9. Is the writing acceptable?
The manuscript requires thorough editing by a native English speaker.
Major Compulsory Revisions (which the author must respond to before a decision on publication can be reached)

Reviewer 2
Logistic regression model should be studied more in detail. Now, presumably, all variables were included in one model. However, I suggest that the structure of model
should be studied. E.g. directed acyclical graphs (DAG) of alternative models could be presented and discussed. Here on example of DAG. One reference that may be useful:


We agree that this is a novel and useful way of looking at our data. However we feel that this is beyond the scope and objectives of this paper. To do so will need a complete change in important aspects of the paper especially the analysis and discussion section.

Spellin errors (e.g. "martial" should be "marital") should be checked carefully.

**We apologize and have revised the article thoroughly.**

We hope our revisions are acceptable and we look forward to a favourable decision.

Thank You

Sincerely,

Mythily Subramaniam  
Deputy Director Research  
Research Division  
Institute of Mental Health