Author's response to reviews

Title: A 20-year prospective study of mortality and causes of death among hospitalized opioid addicts in Oslo

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

Revised manuscript by Mari Asphjell Bjørnaas, Anette Skei Bekken, Aasa Ojlert, Tor Haldorsen, Dag Jacobsen, Morten Rostrup and Oivind Ekeberg: A 20-year prospective study on mortality and causes of death among hospitalized opioid addicts in Oslo (MS: 1244858977146148).

Thank you for your letter of November 20, 2007, with comments from the reviewers. We would like to thank the second reviewer for pointing out important topics in the methods section of the manuscript that needed to be clarified.

We have provided a brief description of the opioid detoxification regime offered at Ullevaal Hospital and how this differed from the treatment of acute opioid overdose, as Referee 2 requested.

Enclosed, please find our revised manuscript. Our responses to the comments from the reviewer are outlined below.

We have tried to address all the issues raised by the reviewers, and hope that our manuscript is now acceptable for a new consideration for publication in BMC Psychiatry.

Yours sincerely,

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Response to the reviewer’s comments:

Reviewer 2 Adenekan Oyefeso

Major Compulsory Revisions

The method used to determine expected number of deaths: We have tried to clarify this, and added more information on this topic at page 7. Mortality rates in the general population for the same cross-classification served as reference rates (Provided by Statistics Norway). The expected number of deaths was computed by multiplying the observed person-time in the cohort by the reference rates for each cell in the cross-classification, and appropriately adding the results.

A brief description of opioid detoxification regime offered at Ullevaal Hospital and how this differed from the treatment of acute opioid overdose: Thank you for emphasising the importance of this description. We have included this at page 5 and 6. The treatment of acute opioid overdose were based on supportive treatment such as securing airways, breathing and circulation, in addition to administration of antidote. The opioid detoxification regime were offered to volunteer patients in need of detoxification, either before further treatment in drug addiction units, or due to their poor overall health. The details of treatment offered are outlined in the manuscript.

The patient status at discharge: Thank you for pointing out the importance of status at discharge for treatment outcome in general. From earlier studies of the patients treated for voluntary detoxification at Ullevaal University Hospital, we have information on status of the patients at group level (1;2). However, we were not able to trace this for each individual in retrospect. These studies included patients treated for voluntary detoxification in 1981 (2), and in 1981 and 1982 (1). Thus, the overlap is not complete between the present cohort and these studies, and the patients admitted for voluntary detoxification in 1980 are not included in these papers. However, the program was run in a similar way, so the data presented in the revised manuscript are most likely reliable. About 75% of those who were detoxified for further treatment were transferred according to plans. About 50% those who were in bad physical conditions left the unit before they were advised to do so. The average length of stay for the total group was 3.5 days. This is now included at page 6. Those who were treated for self-poisonings left the hospital as soon as they were ready to be discharged. Since we were not able to trace these findings back to each patient, we were not able to relate these findings to the mortality and hence the treatment outcome for the patients. We have included this weakness of the study at page 6 and 14.

Minor Essential Revisions

The method section: The subsections’ names are changed according to the reviewer’s suggestions.

The manuscript requires further editorial revision, and should be shortened. We have edited the revised manuscript to make sure it conforms to the journal style, as outlined by BMC - Authors' checklist for manuscript formatting. The manuscript is not substantially shortened, but we will be happy to do so if the editor insists.
Discretionary Revisions

*Quality of written English:* the manuscript has been corrected by a proofreading service, to make sure that the English is right.

Reference List
