Author's response to reviews

Title: Comparison of the consumption of antidepressants in the immigrant and native populations in a Spanish health region: an observational study.

Authors:

Ines Cruz (icruz.lleida.ics@gencat.cat)
Catalina Serna (cserna.plleida.ics@gencat.cat)
Jordi Real (jreal.lleida.ics@gencat.cat)
Montse Rue (montse.rue@cmbH.cat)
Jorge Soler (jorgesolergonzalez@gmail.com)
Leonardo Galvan (lgalvan@catsalut.net)

Version: 2 Date: 26 April 2010

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

We have revised our manuscript as suggested by our reviewers and made the following changes. The main changes have been colored in the manuscript.

As requested, we also clarified in the manuscript that we had the permission of the local authorities to use all registry data (p.7)

Reviewer’s report
Title: Comparison of the consumption of antidepressants in the immigrant and native populations in a Spanish health region: an observational study.
Version: 1 Date: 1 March 2010
Reviewer: Corrado Barbui

Reviewer’s report:
The present study analyzed differences in exposure to antidepressant drugs between the immigrant and the native population of a Spanish health region, as an indicator of inequity in mental health care. A cross-sectional design was adopted, and 232,717 autochthonous and 33,361 immigrants aged 15 years or older attending the public primary health centres of a health region were included.

The study is epidemiologically well-conducted and clinically reasonable, and it adds interesting insights to the compelling area of drug use in immigrants versus natives.
I do not have major compulsory revisions. I only have the following minor revisions:
(1) In the introduction there is a sort of a priori consideration that differences in antidepressant drug use between immigrants and natives are indicators of inequity in mental health care. Would it be possible to substantiate with data this statement, taking also in consideration that differences might be the consequence of other aspects, including for example cultural variables associated with the country of origin, or differences in the rate of specific mental disorders? The result that rates differ according to the country of origin seems to indirectly support this idea.

We modified the abstract and removed the statement about inequity because we understand that other aspects could explain the differences, not only inequity in mental health care. In the discussion this aspects are detailed. We also included a sentence in the introduction reminding of the importance of cultural aspects (p.4) and interethnic differences (p.13).

(2) In the methods I would define what classes of drugs authors classify as antidepressants. I would encourage them to use the ATC system (which is already used to classify AD in table 6).

We clarified the classification used (ATC) in methods (p.6)

(3) would it be possible that immigrants received AD prescriptions from other sources that are not captured by your system? Would you be so kind to discuss this possibility?

This point is discussed in p.17

Level of interest: An article of importance in its field
Quality of written English: Acceptable
Reviewer's report  
**Title:** Comparison of the consumption of antidepressants in the immigrant and native populations in a Spanish health region: an observational study.  
**Version:** 1  **Date:** 6 April 2010  
**Reviewer:** Katherine M Keyes  

**Reviewer's report:**

The present manuscript is an interesting, well-written descriptive analysis of antidepressant prescription drug use among immigrants and non-immigrants in Spain. I have a few minor comments about organization and clarity:

**Major Compulsory Revisions**

1. While the authors acknowledge that prescription drug use is not a complete proxy for treatment, they could go further. They dismiss claims that immigrants may have a different prevalence of depression compared to non-immigrants too flippantly. Plenty of data from the U.S. and other countries suggest that there are very substantial differences in the prevalence of depression across racial/ethnic subgroups, which may be the primary driver of the results shown here. I think the authors should include differences in prevalence as an alternative explanation and discuss this issue in a more nuanced way.

   This point has been thoroughly discussed by the authors while analyzing the results and before writing the manuscript. Although differences in prevalence of depression between subgroups cannot be dismissed, there is scarcity of studies in our area with immigrant population which may present differences to immigrants in other countries, like the US, in terms of cultural background, health system, length of migration, etc.

   The available data are difficult to compare due to differences in diagnostic criteria and other methodological items.

   Anyway, we agree with the recommendation of the reviewer, and so, we have added this statement in p12.

2. The tables are excessive. Authors should limit the tables to those that are immediately relevant to the aims. For example, Table 1, 2, and 5 could easily be reported in the methods/results. Tables 6 and 7 are interesting, but there is no introductory material in the paper setting up why there would be differences for specific types of antidepressant medication, thus the tables come a little bit as a surprise.

   Tables 2 and 5 have been reported in the results section, p.8 and 9.

   We have now explained in the introduction why we have considered differences between types of antidepressants or use of generic drugs (p.5) so tables 6 and 7 are expected.

   Table 1 has been kept because we think it describes in detail the population of the study and may help to understand the particular context.

3. The discuss material could be edited substantially. Many points are redundant, and the material wanders without substantial focus. A more focused discussion with a few key points would be more readable for a public health audience.
We have tried to put the discussion in order so that it’s more easily understood; some parts have been removed to avoid redundancy.

Minor Essential Revisions
1. Provide a reference for CatSalut on page 7
   CatSalut (Catalan Health service) is the agency of the government that provides pharmaceutic coverage.

**Level of interest:** An article whose findings are important to those with closely related research interests  
**Quality of written English:** Acceptable  
**Statistical review:** Yes, and I have assessed the statistics in my report