Author's response to reviews

Title: Can gender difference in prescription drug use be explained by gender-related morbidity? A study on a Swedish population during 2006.

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Author's response to reviews: see over
Author's covering letter for initial submission

Title: Can gender difference in prescription drug use be explained by gender-related morbidity? A study on a Swedish population during 2006.

Authors:

Version: 1 Date: 16 November 2013

Comments: see over
To the editors
BMC Public Health

Dear Editor,

Thank you very much for giving us the possibility resubmit our manuscript entitled: Can gender difference in prescription drug use be explained by gender-related morbidity? A study on a Swedish population during 2006 for evaluation of publication in BMC Public Health with reference to number 9825587359754995.

We have evaluated the reviewers comments and have accepted them all. We think that the made changes strengthens the manuscript. How we have acted on the comments is shown in detail below. We hope that you by this will find the manuscript suitable for publication in your journal.

This manuscript has neither been published nor is currently under consideration for publication by any other journal. None of the authors have any conflicts of interest regarding the publication of this manuscript. All authors have read the final revised version of the manuscript and agree on its publication.

Yours sincerely,

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Answers to referee 1:

After having given it some time we do think that all of your concerns are highly relevant and we would like to thank you for these valuable comments.

The criticism on the DDD concept was also made by another reviewer. The authors introduced this concept in the methods section, but DDDs were not used throughout the whole results section. They studied the odds to have treatment or not (i.e. to have DDDs or not), but for this analysis they do not need DDD, their outcome is simply at least one prescription or not. The further use of the DDD concept is unnecessary and confusing.

Response: We do no longer use the DDD concept. Please see page 5, line 2.

In their point 1, the authors comment that “Even though the use of anti-conception drugs is not a disease it is of high importance to take these drugs in consideration when analysing the drug use in this study.” This is even more confusing, because they only select relevant diseases (>7,500 DALYs in Sweden in 2006) according to their methods. This means that anti-conception is a relevant “disease burden”. Or is it not? I understand that it is important to study anti-conception drugs, but does this really fulfill their criteria of >7,500 DALYs in Sweden in 2006?

Response: We have rewritten a part of the Method section; see page 6, lines 7-11 and lines 14-15 to clarify the method. We have also rewritten the Conclusion; see page 11, lines 19-23.

In their second comment, the authors contradict that they use drugs as proxies for the diseases. But of course they do so. Although they pick ATC groups to treat the relevant diseases, these drugs might clearly be used for other complaints or other drugs might also be used. This approach can be problematic and such indicators have to be discussed in terms of their validity (e.g., sensitivity and specificity).

Response: We have added a section in the Limitation section where we discuss these concerns; see page 10, lines 21-25 and page 11, lines 1-3.

In their point 5, the authors write that they do not discuss the prevalence of drug use by age and sex. However, this is their main outcome for the logistic regression. Therefore, they should present data on the prevalence of their outcome. This was also criticised by another reviewer.

Response: We have added a table, Table 2, where we present this data.