Author's response to reviews

Title: Impact of Pharmaceutical Promotion On Prescribing Decisions of General Practitioners in Eastern Turkey

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

BMC Public Health

We have revised our manuscript entitled “Impact of Pharmaceutical Promotion on Prescribing Decisions of General Practitioners”. We thank both of the reviewers because in the light of their comments, our work has been very improved. We tried to make every effort to fully address the criticism during the revision.

The English of the manuscript was copyedited by a native speaker who is a lecturer in Middle East Technical University (Ankara/Turkey), The Faculty of Foreign Languages.

The point-by-point response to the comments of two reviewers are detailed below:

Reviewer: Barbara Mintzes

General

- The most important recommendation which was “need to include all GP responses in the analysis” was accepted and all responses including the GPs who stated to be affected as “sometimes” by pharmaceutical promotion were included in the analysis.
- The issue of reliability of self-reported influence of drug promotion was discussed.
- The English of the paper was copyedited by a native speaker who is a lecturer in Middle East Technical University (Ankara/Turkey), The Faculty of Foreign Languages.

Abstract

- The abstract was rewritten and the content was focused specifically on the impact of pharmaceutical promotion on GPs.
The information on mean time per patient was limited, briefed and was focused on the relation concerning self-reported influence of the activities of sales representatives of drug companies. Table 1 was revised and detailed information about mean time per patient was excluded.

The abstract was briefed and focused on the aims and key outcomes of the study.

The issue of underestimation regarding the degree of self-reported influence on prescribing by GPs was discussed in the main body of the paper and also signaled in the abstract.

Background

The background was enriched briefly by including why we believe that number of patient per day, work setting, year of practice etc. are expected to influence the degree to which promotion affects prescribing behaviour.

Methods

Extra information was provided on the study design and the evaluation of data.

Instead of the description of the questionnaire, a brief box listing the questions was added.

We consulted to a biostatistician working at Hacettepe University Medical Faculty Dep. of Biostatistics (Ankara/Turkey) as you recommended to address the criticisms on the statistics of the manuscript.

As you suggested, we dichotomized the responses (always/sometimes/never) and carried out chi-square analysis and we took “exact sig.-p values” into consideration to flag significance.

You are fully right on the issue that the comparison of the mean scores of scale responses with t-test are inappropriate. We thought that there was a misunderstanding because we did not compare the mean scores of the scale responses. We just grouped them as we detailed in the new version of “methods” section. We did not create scores from the scaled questions. We just gave and shown descriptive information in Table 2. How we create the groups existing in Table 2 was detailed in the methods as we mentioned above. We hope that new box including the scaled questions which we
included according to your recommendations can be informative about this issue.

Results

- The Table 2 was reformed and clearly labeled that it was including self-reported information.
- Other literature about the issue of the reliance of self-report was discussed and the discussion on this issue was enriched with new references.
- We included all responses in the analysis in the new and revised manuscript. According to your recommendation, the GPs who responses as "sometimes" were included in the analysis. The GPs whose responses were "always" and "sometimes" were combined together to make a simple chi-square analysis.
- Table 3 was rewritten according to chi-square analysis mentioned above and it was cleared about the issue of dependent variable. All of the responses were included in Table 3. 14 GPs which was not existing in the former Table 3 was the number of GPs who self-reported to be affected as "never". The distribution of the responses on self-reported impact was also added to the Table 1 to prevent possible misunderstandings.
- Regarding former Table 1, we excluded the column showing the determinants of time per patient which was not the main aim of the study. As you recommended we can do a bonferroni adjustment (dividing p values to number of multi comparisons) for multiple comparisons to clarify the determinants of time-per-patient. But after we excluded this, we think there is no need for this adjustment.
- A star was used to identify the relationships that were found to be significant at p less than .05 in Table 3 and it was noted below the table.

Discussion

- Discussion was enriched with the inclusion of the discussion concerning the reliance of self-report. Both Avorn’s and Prosser’s study and additional references were used to discuss. The knowledge of time-per-patient was briefed and limited in the discussion. It was associated to the impact of pharmaceutical promotion.
- We included the responses of all GPs in the revised form. The responses in the study are self-reports and should be understood within the limitations of
self-report. This issue was mentioned in the discussion to be more informative. It was also noted in the abstract to clarify.

- The discussion of education on prescribing was cleared in the revised manuscript wherever it was discussed.

Sample size

- We clearly stated that this was a descriptive and exploratory study and we referred to high participation rate as a strength in the discussion. As you recommended.

- We excluded the discussion on why we could not use logistic regression.

Conclusion

- We rewrote the conclusion and added a reference to link between higher self-reported reliance on promotion and attendance of educational activities of drug companies.

- We briefly stated our specific recommendations according to our key results.
Reviewer 2: Richard Kravitz

Major Compulsory Revisions

1. The abstract was rewritten according to key outcomes and main aim of the research. The results concerning patient-per-day and time-per-patient were truncated.
2. All of the GPs responses were added to the analysis in the new revised form the manuscript. We rewrote the comparisons in the format that you requested (x vs. y, p) to be more informative and clear.
3. The information and discussion about the visit length was briefed and excluded from Table 1. It was discussed briefly related to the self-reported impact of pharmaceutical promotion later in the discussion.

Discretionary Revisions

1. A figure showing the frequency of sales representatives to GPs and according to patient per day was added.