Author's response to reviews

Title: Epidemiology of frequent attenders - A 3-year historic cohort study comparing attendance, morbidity and prescriptions of one-year and persistent frequent attenders-

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Author's response to reviews: see over
Editor of Biomed Medical Central Public Health

Dear editor, dear Mr. Todd,

Thank you very much for your positive reply on the submission of our article ‘Epidemiology of frequent attenders-A 3-year historic cohort study comparing attendance, morbidity and prescriptions of one-year and persistent frequent attenders-’ (MS: 2043552680214417). We also like to thank both reviewers for their comments. They have been very helpful in re-thinking and rewriting our manuscript. We hope that we have answered all the points that were raised by the reviewers satisfactorily. Please find a detailed description of the changes we made in the manuscript.

Comment reviewer Moyez Jiwa

Thank you very much for your kind and positive words.

We like to reply on the questions raised by you:

1) “The more interesting group are those whose attendance pattern puts them in the upper quartile but lower than the highest 5%”.

Our reply: Because a proportional threshold definition allows meaningful comparison between practices, periods and countries most studies define frequent attendance as an age and sex-adjusted attendance rate. By choosing the upper 10%, we follow the advice of Vedsted to standardize such a selection of frequent attenders (the upper 10% of all attenders; age and sex adjusted)[1,2].

2) “You may want to change some of the headings…”

Reply: We removed all the abbreviation in the text of the headings to improve the article’s legibility.

3) “In the results section the first couple of lines contain lots of numbers”

Reply: We present fewer figures in the main text by removing the first sentence to box 1.

4) “The discussion section has lots of subheadings. These are probably unnecessary”.

Reply: We think that by using these commonly used subheadings the discussion section’s legibility is improved. But we are glad to leave it to the editor to decide whether Moyez Jiwa is right.

5) “You may want to reflect on the notion of excluding the most frequent attenders as a separate group …”

Reply: We can not think of a good reason to leave them out. Extreme frequent attenders are very rare and have little influence on our data. From a clinically point of view we think it is
worthwhile not to be nihilistic and to study also these extreme frequent attending patients: A small change in our approach may result in a significant difference in medical outcome.

Comment reviewer Peter Verhaak

Thank you very much for reviewing our article.

We like to reply on the questions raised by you:

1) “…frequent attendance is treated like an illness category. … A better approach would have been to look for the different underlying illness categories”.

Reply: We agree with you. We did not intend to present frequent attendance as a separate, homogeneous illness. In fact our article wants to show the major underlying illnesses of (persistent) frequent attenders. Frequent attenders are only homogeneous in respect to their relatively high attendance rates. We corrected the text of the background page 4: “At this point, we should ask the question whether or not it is possible to treat the morbidity of frequent attenders and reduce their attendance rates?” and page 5 by leaving out “study the natural course of frequent attendance and to “.

2) “In table 2, the authors focus on the high prevalence of cardiovascular disease and Mups. However, prevalences of Diabetes and Chron. Resp. disease are nearly as high, while MUPS is a conglomerate of 20 different symptom diagnoses ……”

Reply: In order not to duplicate the text and the table we chose only to highlight the two illnesses with the highest prevalence. But we agree that emphasising the also high prevalence of other somatic diseases would be good. To be more correct we changed the text of page 10: “The most important findings are the high percentage of persistent frequent attenders with chronic somatic diseases (especially diabetes), psychological/psychiatric problems and MUPS and the substantial differences in morbidity for social and psychological/psychiatric problems, diabetes and MUPS.” And: “With the exception of diabetes these persistent frequent attenders differ less as far as the prevalence of chronic somatic diseases is concerned.” We changed the text op page 12: “Compared with both other groups, persistent frequent attenders presented more social problems, more psychiatric problems and MUPS, but also more chronic somatic diseases (especially diabetes).”

We agree with you that especially diabetes is prevalent, taking into account that MUPS, cardiovascular disease and respiratory disease consist of several problems. However, we like to mention that, for instance psychological/psychiatric problems, consists of 50 ICPC codes, but in fact only 7 codes exceed a prevalence of 1/1000. Chronic respiratory disease is in fact less prevalent, given the high number of patients with the less important problem of hay fever.

3) “I would not endorse a single emphasis on the treatment of psychological and psychiatric problems among frequent attending patients, but ask for attention for chronically ill as well”

Reply: In table 2 we show, that the differences in prevalence between 1-year frequent attenders and persistent frequent attenders are high with respect to social problems, anxiety, diabetes and addictive behaviour. As you probably know there already exist intensive disease management programs for diabetes, chronic respiratory diseases and cardiovascular diseases in most Dutch GP-practices and certainly in the health centres involved in this study. That’s
why we advised to focus on those non-somatic problems in which persistent frequent attenders differ most of 1-year frequent attenders.

But to avoid misunderstanding we changed the text of page 14: “Regarding the important role of psychiatric problems (especially anxiety), social problems and MUPS in persistent frequent attenders and regarding the already existing intensive disease management programs for chronic somatic diseases, it seems logical to focus on social problems, psychiatric problems and MUPS of frequent attenders in order to try to improve their quality of life and to try to prevent continuation of frequent consulting behaviour.” We also adjusted the “conclusion”.

4) “Change language in Background and Discussion in such a way that “frequent attendance” cannot be interpreted as an illness”.

Reply: We made changes in the text:
- See reply one.
- Page 4 (Background) we changed in: “Our first objective was to determine the proportion of 1-year frequent attenders who remain a frequent attender during two consecutive years and to calculate….”

5) Minor essential revisions:
- p.4: Changed in: in brackets just one time “12”.
- p12: Changed in: “our data reflect …”
  “what the GP knows en registers…”
- p13: Changed in: “The few longitudinal studies show regression of attendance rates to the mean in the long run (15, 16, 24, 25).”

With kind regards,
On behalf of all authors,

Frans Smits, MD GP.

Reference List
