Author's response to reviews

Title: Outpatient Prescription Practices in Rural Township Health Centers in Sichuan Province, China

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

Thank you for the interest in our manuscript entitled “Outpatient Prescription Practices in Rural Township Health Centers in Sichuan Province, China”. According to the comments of the four reviewers, we have revised the previous version of the manuscript. We hereby respond to the comments point-by-point as following.

We deeply appreciate your consideration of our manuscript, and we look forward to hearing from you soon. If you have any queries, please don’t hesitate to contact us at the address below.

Thank you and best regards.

Yours sincerely,

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Reviewer’s report 1 (No. 1352222241726892)
Reviewer: P Ravi Shankar

Comment 1. The manuscript is now much improved and I would recommend publication after a few minor revisions are carried out. The language is much improved but still needs modification in places. The usage of certain phrases seems odd to the reviewer and can be rewritten. As one of the authors is from a Canadian University and the authors had obtained help from an academician in the UK their help can be taken in further strengthening the language and presentation of the manuscript. If possible, the help of a native English speaker can also be taken.

Response 1: We have revised manuscript according to the reviewer’s suggestion.
Please see the text in blue.

Comment 2. Figure 1 has not been mentioned in the text and I am not clear about what exactly it represents. What do the number of the township health centers represent?

Response 2: We have revised the name of the horizontal axis of Figure 1 as ‘Code of
Surveyed THCs’. The number of the township health centers in Figure 1 represents the code of the surveyed THCs, representing different THCs (30 in total) in our survey. In other words, Figure 1 shows the median number of CPM and western medicine prescribed per encounter in each sampled THC.

In addition, we have added a paragraph ‘The polypharmacy practice in the THCs’ to the end of ‘Method’ to explain Figure 1.

Revised part:

-The polypharmacy practice in the THCs

The prescriptions with 1-3, 4-5 and six or more medications (western medicine or Chinese patent medicine or both) comprised respectively 21.74%, 46.68% and 31.28% of the total (see Table 2). The median number of medications per encounter was four.

The median number of western medicines prescribed per encounter distributed differently among the surveyed 30 THCs. The median number of western medicine prescribed among the 30 surveyed THCs varied from two to six per encounter. However, this uneven distribution was not seen in the CPM prescriptions among the surveyed THCs. A greater proportion of surveyed THCs (73%, or 22 out of 30 THCs) prescribed four or more western medications per encounter versus only a few (13%, or 4 out of 30 THCs) which prescribed two or more CPMs per encounter (see Figure 1).

What’s more, Figure 1 also has been mentioned and discussed in the 7th paragraph of ‘Discussion and Conclusion’.

Revised part:

Furthermore, we analyzed the median number of CPM and western medicine prescribed per encounter among the 30 sampled THCs. The results showed a more evenly distributed median number of CPM per encounter, compared to the uneven distribution of the median numbers of western medicine prescribed per encounter among the THCs. This means the prescription practice for western medicine was not administered in the same pattern as that of CPM among these THCs. Particularly, a greater proportion of surveyed THCs (73%, or 22 out of 30 THC) prescribed four or more western medications per encounter. Thus, we speculate that the irrational
Comment 3. There are occasional spelling mistakes in the manuscript which can be corrected.

Response 3: Revised.