Author's response to reviews

Title: Use of health services in people with multiple sclerosis with and without depressive symptoms: a two-year prospective study

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Author's response to reviews: see over
To the Editor and staff at the BMC Health Services Research

We, the authors of “Use of health services in people with multiple sclerosis with and without depressive symptoms: a two-year prospective study” would like to express our thanks for the valuable and very helpful comments that the reviewers have contributed with. We hope that the changes in the manuscript adequately address the comments of the reviewers.

The reviewer's specific comments and our responses can be found below. We think that, because of the excellent comments of the reviewers, the manuscript has improved considerably. However, if there are any additional revisions, please contact us and we will be happy to accommodate your requests.

Sincerely,

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<th>Comments from Referee 1</th>
<th>Authors’ response</th>
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<td><strong>Introduction:</strong> Authors provide a good review of highlights of research on condition in introduction. I would like to know a bit more about the rationale for examining the use of health services and specific occupations in a little more detail. Is there some level of expected care or unique need that the occupations or support services being studied could provide?</td>
<td>In order to clarify the rationale of the study, the following addition in yellow has been made in the last paragraph of the introduction: <strong>Furthermore, the use of healthcare has been shown to vary in different subgroups of people with MS [2], but it is not known whether the use varies also among people with MS with or without depressive symptoms. Therefore, to plan for and organize tailored healthcare for people with MS, it is important to have knowledge about patterns in the use of healthcare among different subgroups, such as those who also have depressive symptoms.</strong></td>
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<td>A concern was the Methods and Table 1 do not appear to contain similar information. For example, things like disease course was listed in the table, but does not seem to be explained in the text. Also, use of antidepressants was discussed in text, but does not appear in the table. So, this was a bit frustrating to see it in the Results, but not Methods or Tables. Similar comment for outpatient care and hospital days. These seem like issues fairly easy to fix by adjusting text and tables to be more focused or more inclusive. Maybe it would be helpful to remove them as the focus tended to be more on the use of occupations and support services, but not quite sure if the others wanted to expand the discussion on these issues in the Introduction instead.</td>
<td>We agree with the reviewer that there are some inconsistencies and we have adjusted the text and tables according to the following: The following text in yellow has been added in the Methods section/Data collection: The neurologist responsible assessed disease severity using the Expanded Disability Status Scale (EDSS) [23]; scores were categorized as EDSS mild (EDSS 0–3.5), EDSS moderate (EDSS 4.0–5.5) or EDSS severe (EDSS 6.0–9.5) and determined the disease course (relapsing remitting, secondary progressive, primary progressive). The number and proportions of people with depressive symptoms who used antidepressants are presented as footnotes a-c in Table 1. To clarify, the following text in yellow has been added in the Results section: The use of antidepressant drugs in people with depressive symptoms varied from 28% among those with EDSS mild, to 38% among those with EDSS moderate (Table 1, footnote a-c). In the Methods section/Data collection, third paragraph, the following sentence can be found: Data on the use of inpatient (days) and outpatient (contacts) healthcare services were obtained from the computerised register of the Stockholm County Council. To clarify the Results section the subheading</td>
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**Hospital outpatient care and primary care**

The new subheading is **Hospital care (outpatient and inpatient) and primary care**

The first paragraph and the first six lines of the second paragraph of this subheading contain results that are presented only in text and not in Table 2.

| The strengths and limitations section was a bit brief. I wondered what the authors would envision as a next step in this line of research as they mention an aim of the study was to explore and compare health services usage. Is the next step to make recommendations or study the role of different services in care? Something about potential logic directions would be informative. Are findings likely to generalize to other health care systems? | Suggestions for a next step in this line of research are described under Conclusions:

The issues underlying these differences need to be explored further, as well as do the plausible implications for the organization of health services for people with MS and depressive symptoms. Furthermore, the life situations of caregivers of people with EDSS mild and depressive symptoms should be considered, and appropriate interventions supplied in order to diminish caregiver burden. |
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| The following addition has been made in the last paragraph of Discussion:

The results should also be interpreted bearing in mind that the study was carried out within the Swedish healthcare system and differences in organisation and policies need to be considered before the results can be generalized to other healthcare systems. | |
| Results section: Much of the focus is on presenting findings without providing statistical significance test results. This may have been a style preference of the authors and some findings were highlighted in the tables, such as seeing the effect size of the difference in the text for cases where there was no significant association (i.e., was it close to .05?). | We are not sure what the reviewer means with this comment. All the results are presented with p values in the text of the Results section or in Table 2 and Table 3. |
| It seems like Table 1 could also have test statistics described in a similar manner as Tables 2 and 3. | Since the aim of this study was to explore and compare the use of health services in people who have MS and depressive symptoms, and without depressive symptoms (results presented with p values in Table 2 and 3), presenting p values for plausible differences in demographic- and disease-related data between those with depressive symptoms and those without depressive symptoms would be outside the scope of this study. |
| The authors mention conducting interviews with participants. I would like more detail about these and whether they were related to the present study, it appears they do were not related. | Data were collected through face-to-face interviews using structured questionnaires and protocols. No qualitative interviews were performed. |