Author’s response to reviews

Title: Pharmacoeconomic Consequences, Measurement, and Evaluation of Adverse Drug Reactions among Hospitalized Patients in China

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

*BMC Health Services Research*

Subject: Submission of manuscript of “Pharmacoeconomic Consequences, Measurement, and Evaluation of Adverse Drug Reactions among Hospitalized Patients in China”.

I’m Qing-ping Shi who is the Principal Investigator of this research, on behalf of my co-authors (Xiao-dong Jiang, Feng Ding, Liu Yan, Mei-ling Yu, Jin-xiu Zhu and Shu-qiang Zhang), I would like to ask you to consider the attached manuscript entitled “Pharmacoeconomic Consequences, Measurement, and Evaluation of Adverse Drug Reactions among Hospitalized Patients in China” for publication in *BMC Health Services Research* as a research article.

This study estimated the expenses associated with different degrees of adverse drug reactions (ADRs) among hospitalized patients in China. Adverse drug reactions are a leading cause of morbidity in developed countries and represent a substantial burden on their health-care resources. It was found that of 337,175 patients hospitalized during the study period, 2739 were diagnosed with ADR, which translates to an ADR rate of 0.81%. The total socioeconomic loss from the 2739 cases of ADR was estimated at ¥817388.47, consisting of direct costs of ¥603261.64 and indirect costs of ¥214126.83 for the two groups. On average, the costs per patient amounted to ¥196.10 in group A, ¥7032.29 in group B. The sum of medicare payment and proportion were ¥219061.13 (65.23%) and ¥105422.02 (39.42%) in group A and B. The adverse reaction incidence in female patients is significantly higher than in male patients ($P < 0.05$) and the ADR incidence in old-age patients was significantly higher than in other age groups ($P < 0.0001$). The most common drug class associated with ADRs represented antibiotics (957 patients, 34.94%); levofloxacin was the most frequently reported individual drug (192 patients, 7.01%). We believe that the findings of this study are relevant to the scope of your journal and will be of interest to its readership.
This manuscript has not been published or presented elsewhere in part or in entirety, and is not under consideration by another journal. All study participants provided informed consent, and the study design was approved by the appropriate ethics review boards. All the authors have approved the manuscript and agree with submission to your esteemed journal. There are no conflicts of interest to declare.

I added the “Ethics statement” and “Authors' contribution” in my revision manuscript according to your suggestion.

Thank you for your consideration. I look forward to hearing from you.

Sincerely,

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