Author's response to reviews

Title: Ethnic minorities and prescription medication; concordance between self reports and medical records

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Accompanying letter: Revisions manuscript "Ethnic minorities and prescription medication; concordance between self reports and medical records"

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Reviewer: Sonja Hunt

1. Discuss some of the outstanding questions concerning cross-cultural comparability
The following is added to the text (page 3, line 15): "Furthermore, in health care research the design of questionnaires for use among ethnic minority groups often not address important aspects as salience of contents, equivalence of concepts and the use of comprehensible language for the less well educated"
AND: (page 5, line 14): "To improve the validity and reliability of the questions, much attention was paid to the design of the questionnaire" AND (page 5, line 18): "Given the fact that bi-lingual people often are found to be biased by age, gender, education, producing translations that are too formal and literary for most people, field testing focussed on bi-linguals as well as on mono-linguals. (Hunt, 2003; Hendricson, 1989). The pilot interviews were observed on a screen by two members of the research team. This way questions needing clarification or causing any kind of an emotional response were notified and necessary adjustments could be applied."

2. Provide information concerning
a. Number of languages involved, forms of languages and number of people that required translations. How did the research team know in advance which language would be required.
Experiences from former research showed that language problems were to be expected among Turks and Moroccans. As Surinam is a former Dutch colony that gained independence in 1975 and The Netherlands Antilles are still part of the Dutch Kingdom, people from these countries are familiar with the Dutch language. Therefore, in addition to Dutch, questions were translated into Turks and Arabic (Moroccan). If necessary people were interviewed in these languages. The following was added to the text (page 5, line 14): "The questionnaire was translated forward-backward for this purpose. As Surinam is a former Dutch colony that gained independence in 1975 and The Netherlands Antilles is still part of the Dutch Kingdom, people from these countries are familiar with the Dutch language. AND (page 5, line 23): "The interviewers offered the opportunity to choose between an interview in Dutch or in the mother tongue of the respondents depending on the language mastery and preference."

b. Recruitment of the respondents, obtainment of informed consent,
First respondents were approached by a letter from their GP explaining the goal of the study and asking to fill in the census. This census was printed in four languages. In addition to Dutch, an English, Arabic (Moroccan) and Turkish version was send to all the potential respondents. Returning the census included informed consent. After selection for the interviews, respondents were approached by a second letter asking to participate in an interview. Subsequently, an appointment was made by telephone. The following is added to the text (page 5, line 1): "The questions from the census were send in four languages (Dutch, Turks, Arabic (Moroccan) and English), accompanied by an inviting letter from their GP. Returning the census included informed consent"
c. Training of the interviewers, wording of the questions, pretesting of the questions. First the Dutch questionnaire was translated from Dutch into Arabic (Moroccan) and Turks. Subsequently, a second independent translator translated these versions back into Dutch. Both translations were compared and inconsistencies were discussed. A pilot was performed to test comprehensibility and acceptance of the questionnaire on a comparable sample. Two interview bureaus with experience on this research field were involved in the interviews. During training sessions the meaning and importance of the questions were explained and emphasized. Subsequently, the bureaus trained their interviewers. All interviewers were bilingual. The following is added to the text (page 5, line 14) "The questionnaire was translated independently forward-backward for this purpose." AND (page 5, line 17) : "A pilot was performed to test comprehensibility and acceptance of the questionnaire on a comparable sample. Given the fact that bi-lingual people often are found to be biased by age, gender, education, producing translations that are too formal and literary for most people, field testing focussed on bi-linguals as well as mono-linguals [10;19]. The pilot interviews were observed on a screen by two members of the research team. This way questions needing clarification or causing any kind of an emotional response were notified and necessary adjustments could be applied. Interviewers were bilingual and received instruction training."

3. Adjustment of the first line of the discussion
The text was changed into the following (page 9, line 2): The results of this study showed differences in prescription receipt and use among ethnic groups, regardless of the measure used. The pattern of these ethnic differences depended on whether self reported data or EMR data were used." The following was added (page 9, line 17) "Conclusions concerning the adequacy of self- reported data about prescription medication in relation to EMR data cannot be drawn. The relatively low level of agreement after adjustment for chance could be attributed to actual differences between prescribing by GPs and the actual receipt and use of medication by patients but also to a low validity of self reported data". The possibility of actual differences between prescribing by GPs and the actual receipt and use of medication is supported by the results of an additional study linking our EMR data with the registration data from pharmacies. Comparing EMR data from GPs with information from pharmacies concerning antidepressive (n=5000) and antihypertension (n=14.000) medication, suggested a different compliance rate within minority groups and the Dutch population. The likelihood of non-compliance was highest among minority groups with a non-western background (results not yet published).

4. Clarification of the last paragraph on page 3
The following is changed in the text (page 3, line 26): In the Netherlands general practitioners (GPs) often assume that the expectation to receive a prescription after consultation is higher among ethnic minority groups than among the Dutch.

5. Amend the Discussion and Conclusions section to reflect multiple interpretations that are possible for the data presented
The discussion and conclusion section were amended.

6. Language corrections
Our paper had already been corrected by a native speaker. However, we carefully examined the language use in the text again and applied some corrections.

Reviewer: Agustin Escalante

1. Account for the fact that some degree of agreement is expected just by chance
To account for the level of agreement to be expected by chance, kappa statistics were computed for each ethnic group (table 2). The implication of these kappa's are discussed in the text.

2. Include the results of the logistic regression in the paper
The following is added to the text (page 6, line 21):" Significant differences between the Dutch population and the minority groups were tested using logistic regression analyses (Table 1)."

3. Support assertions in the box by references
Reference is added.

4. Replace the term 'indigenous" by "Dutch" population.
The proposed change was applied in the text.

5. Label significant differences in table 1
See bold print in Table 1
6. Replace EMD by EMR
   The proposed changes were applied in the text.

7. Define abbreviations and acronyms in the abstract as well as in the text
   The proposed change were applied in the text.

8. Address the potential role of language
   See foregoing comments.

9. Language corrections
   See foregoing comments