Reviewer's report

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

Version: 1 Date: 8 March 2006

Reviewer: Sonja Hunt

Reviewer's report:

General

Although this paper addresses an important topic, there are a number of issues which need to be addressed before it is suitable for publication. Much of the provision of health care for ethnic minorities, as for the rest of the population, is based upon data obtained from epidemiological studies, primary care research and health surveys which often involve self report by participants.

In Western countries the bulk of these studies are designed and carried out by speakers of the majority language. Thus, barriers to the accumulation of accurate data include linguistic and cultural differences as well as the tendency to assume that research methods developed in Europe and America are applicable universally. I assume that this is what the authors mean by ‘cross-cultural validity’. However, it would improve the paper if some of the outstanding questions concerning cross-cultural comparability were reviewed.

There are volumes of research in the social sciences on the interpretation of responses to oral and written questions and the cognitive processes to which these give rise. This research is less likely to be known to epidemiologists and health researchers. So, in relation to health data on, for example, screening, health-related behaviour, assessment of health ‘needs’ the prevailing attitude has been that what is suitable for native speakers is suitable for all with a minimum of adaptation. There are a number of vital pieces of information missing from this paper pertaining to the translation of the self report questions and how comparability across the groups was tested and achieved.

The authors might like to read:


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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

The authors should provide the following information:

1. How many languages were involved in addition to Dutch? What were they and how many people required translations? I assume that one language would have been Arabic. However, there are many forms of spoken Arabic. Which was used?

How did the research team know in advance which languages would be required? How were respondents recruited? Were they contacted prior to the interview to obtain consent and if so how?

How were interviewers trained so as to ensure that all participants were being asked the same
questions in each language? How were these questions worded? Were the translated questions pre-tested on a comparable sample? Differences in the way the questions were asked and perceived could be sufficient to account for the results.

The first line of the Discussion contains the sentence – “The results of this study confirmed the existence of ethnic differences in prescription use regardless of the measure used”. This cannot be supported because all we are told is that people reported differences in use. We don’t know how accurate this was. Similarly the claim that use of prescriptions was relatively higher in the indigenous population cannot be substantiated as it was based upon self report and may merely reflect a cultural propensity to ‘say the right thing’.

The last paragraph on page 3 needs clarifying i.e. we are told that EMD show higher prescription rates for ethnic minorities and that GPs perceive that ethnic minorities are very willing to receive a prescription. Then we are told that ethnic minorities do not share this perception and feel as if they are given prescriptions too easily. This does not seem to constitute a real difference.

The Discussion needs to be rewritten to reflect the multiple interpretations that are possible for the data as presented. Similarly the Conclusions need to be amended to reflect the equivocal nature of the results.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Discretionary Revisions (which the author can choose to ignore)

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What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: No

Declaration of competing interests:

I declare I have no competing interests.