Author's response to reviews

Title: Preferences for Treatment of Attention-Deficit/Hyperactivity Disorder (ADHD): A discrete choice experiment

Authors:

Axel C. Mühlbacher (muehlbacher@hs-nb.de)
Ina Rudolph (irudolph@its.jnj.com)
Hans-Joachim Linke (lincke@empirische-beratung.de)
Matthias Nübling (nuebling@empirische-beratung.de)

Version: 6 Date: 16 May 2009

Author's response to reviews: see over
Letter to the editor

Title: Preferences for Treatment of Attention-Deficit/Hyperactivity Disorder (ADHD): A Discrete Choice Experiment

Manuscript ID 1692759872235312

Authors: Axel C. Mühlbacher, Ina Rudolph, Hans-Joachim Lincke, Matthias Nübling

Date: 16.05.2009

We tried to address all the reviewers’ comments and revisited the script.

MAJOR COMPULSORY REVISIONS

Further analysis on relative importance of model parameters: We performed a supplementary (partial) log-likelihood analysis as suggested by Lancsar et al. to further check the relative importance of the six model parameters. This analysis (calculating the model log likelihood by omitting one parameter each time) yielded to very similar results and the same hierarchy of the six parameters than the assessment based on the numerical values of the parameters coefficients. This results of the partial LL-analysis are given in table 2 and the shortly commented in the text.

“A supplementary partial log-likelihood analysis as proposed by Lancsar et al. [15] yielded to the same hierarchy as the interpretation based on the coefficients of the six item-coefficients.”

Also we followed the suggestion of the reviewer and eliminated the transformation and interpretation of parameter coefficients as percentages of importance summing up at 100% in table 2 and in the text.

MINOR ESSENTIAL REVISIONS

Figure 6 has been removed.

Limitation of rating scale responses are discussed.

“Response styles are a source of contamination in questionnaire ratings [18].
Regarding the rating scale responses it should be stated that rating scales do not incorporate the trade-offs inherent in real-life decision-making. Therefore they threaten the validity of conclusions drawn from such research data. In order to draw valid conclusions we conducted a DCE.”

COMMENTS OF THE EDITORS

Ethical approval: We understand your objection, but allow us to point out that the present study embodied no clinical or biomedical trial but is a social science survey.

We contacted once more Prof. Letzel, chairman of the ethic commission in Mainz (whom we
know from other projects), and discussed the necessity of an ethic vote in this case. He gave me the following deliberations, which I would like to use.

Basically there is a need for an ethic vote for physicians, which are involved in medical or biomedical studies. The purpose is the external independent evaluation of benefit and harm for the patient through the study. It is to do with surgery, archiving of material or protection of privacy (of personal data).

Our Study does not contain any of these:
- no personal data (completely anonymous survey)
- no archiving of material like patient-cells
- no surgeries (tests, experiments, medication, ect.)
- no biomedical research
- no additional data, like in many epidemiological investigation (measurement on the patient, ect.)

Therefore, in our view a ethic vote is not necessary. We performed similar studies and could convince the editors to publish them with these arguments.

In the qualitative part of the study with directly contacted the patients; in the focus groups informed consent was given by all patients. This is stated in the text. “Study goals were explained to all participants and all gave written informed consent for their participation”.

Axel Mühlbacher