Author's response to reviews

Title: Consumption of alcohol, cigarettes and illegal substances among physicians and medical students in Brandenburg and Saxony (Germany)

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Author's response to reviews: see over
Dear Mr Shipley,

thank you very much for sending the constructive comments of the reviewers.

You can find our replies below.

Review of Kavumpurathu Thankappan

1. The manuscript needs language editing.
Language has been improved.

2. Method section needs to be detailed.
This section was edited and more details of the methods added.

3. One of the major limitations of this manuscript is the low response rate of physicians which might be a limitation to generalize the findings to the physicians in the selected states. This may be reported as a limitation in the manuscript.
A response rate over 40 % is not low for a postal survey – the second reviewer described the response rate as “unlikely [high]”! The response rate of about 40 % brings some limitations to the study but this is a common limitation for postal surveys. This fact has been addressed in the beginning of the discussion.

Minor Essential Revisions
Title:
4. Instead of the word ‘nicotine’ it might be better to use the word ‘smoking’ in the title since cigarette smoking is the term used commonly in the manuscript. The title could be modified accordingly.
The title has been modified. New title is: Consumption of alcohol, cigarettes and illegal substances among physicians and medical students in Brandenburg and Saxony (Germany).

Abstract
5. There is scope for providing some more details on the methods in this section and reducing the conclusion part of the abstract. Method section should mention the number of physicians and medical students participated in the study with % of women or men in the brackets. It should also mention that information on smoking and consumption of alcohol and illegal substance was collected using a self administered questionnaire. Better to mention briefly the analysis of data also in this section.

The suggested changes were have been made and additional information has been added to the method section.

6. It might be better to specifically report that significantly more men reported hazardous and harmful drinking compared to women instead of reporting significant gender related differences.

Changes have been made and proportions (%) added.

Background
7. Page 3 first para. Provide the % in bracket for the 16 million German adults and for 9 million Germans.
Missing % -value added.

8. Page 3 same para. The sentence starting with “ consequently----- risky health behaviors. It might be better to specify here alcohol, smoking and illegal substance since the manuscript does not deal with other risky health behaviors such as unhealthy diet, physical inactivity etc
The sentence has been altered to be more specific.

Methods
9. How many medical schools were there in the two states? If there was only one medical school specify that in this section. If there are more than one medical schools the rationale and method of selecting this medical school may be mentioned.
Additional information was added.

Generally response rates for postal questionnaire are low. However the authors may have to report the response rate in previous similar studies. Was there any attempt to increase the response rate? If the non-respondents are likely to be using more risky behaviors then there is a possibility of underestimate.
See answer # 3.

10. The authors need to include in this section how information on smoking and consumption of illegal substance was collected. What was the recall period? Only
one week? Smoking information was only on current smoking or ever smoking? Similarly on illegal substance. This information needs to be provided in this section.

More information to these questions is provided.

11. Why different units such as 11 grams of alcohol and 13 grams of alcohol are used? WHO uses the concept of a standard drink. Why the authors did not use the concept of a standard drink?
WHO’s concept of a standard drink is not used in all countries. In fact, the concept of standard drink varies greatly in different countries. The units in g/d are based on the data from the German National Health Survey and on the definition of hazardous and harmful drinking by the European ECHI-Project. Using these units allowed for better comparison of the data.

12. What was the definition used for illegal substance?
The definition has been added.

Discussion
13. The justification for the statement that the findings appear to be representative does not hold good because of the low response rate.
See answer # 3.

14. Page 11. Last para. The sentence starting with “May be the different findings in both studies --------were not available" It might be useful to add a reference to this point that in GDR illegal substances were not available.
An adequate reference has been added.

Tables
15. Table 2. It might be useful to mention the units of alcohol consumption.
The missing units have been added.

16. Table 2. The word ‘modus’ does not seem to be an English word. May be Mode
>>Modus<< was changed to >>mode<<.

Discretionary Revisions
Authors can do a subsample of the non-respondents and find out the consumption pattern among them. This will enhance the validity of the study. This is particularly useful when the response rates are very low.
There is no data available on the consumption patterns of the non-responders. The limitations of the study are described in the discussion of the methods.

Review of Erica Frank

Needs to be very carefully edited for English. Some attention should also be paid
to having appropriate content in each section (e.g. they have some methods on binging definitions in the results). It is both scientifically and grammatically sloppy, for example: “No statistical difference related to the different academic years has been found in the group of medical students” and “However, participation in the study was voluntarily and anonymously. 

(Scientific) English has been improved with help from a native speaker.

This results likely in a reduced response bias, but it remains unclear, whether non-responding was associated with higher or lower consumption of the alcohol, cigarettes and illegal substances.”

There is no data available on the consumption patterns of the non-responders. The limitations of the study are described in the discussion of the methods.

Tables are also difficult, and figures seem better as tables.

Table 2 has been improved.

They ignore a large non-European literature on this.

As recommended, non-European literature was included.

They got a 42% response rate from one mailing to physicians? Seems unlikely.

The authors as well were surprised by the high response rate. One explanation could be that the questions related to occupational stress motivated the response behaviour of the physicians. At the time, there was a lot of political discussion broaching the issue.

Additional information to the procedure of the postal survey has been included.

If there are any questions regarding the revised manuscript please contact me.

With kind regards

Karen Voigt

(on behalf of the other authors)