Author's response to reviews

Title: Rate of first recorded diagnosis of autism and other pervasive developmental disorders in United Kingdom general practice, 1988 to 2001

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PDF covering letter
Dear Editor,

We have modified our paper in light of the referee’s comments and enclose that revision. We have responded to the referee’s as follows:

Peter Szatmari
1. We considered moving the validation exercise to methods but the description of that exercise (which is already published) is not the purpose of this paper. We have therefore merely included a reference to the validation study in the methods section and left the actual description of the results in the discussion.
2. We do not know why these two regions differ in incidence. We did not feel that correlating it with the number of physicians would illuminate this.

Paul Whiteley
1. We have modified our comments on the paper by Croen et al in the light of the referee’s comments.
2. We have made further comment on the West Midlands discrepancy as suggested by the referee.

Craig Newschaffer
1. Discretionary revision: Person years. The denominators for this study are provided to us as part of the data we purchased. We do not hold the full denominator database and so to modify these is not possible. As the referee agrees, at most his would have had a trivial impact on the analyses.
2. Compulsory revision: Direct standardization. We consider that indirect standardization is the most appropriate method for these data. Some of the age specific rates are based on small numbers of cases, particularly when the data are broken down by type of autism and by region (tables 3 and 4). Rates used in direct adjustment would be based on these small numbers and would thus be subjected to substantial sampling variation.
3. Compulsory revision: We have no information on the nature of general practices that drop out early from the GPRD or join it late. The GPRD is not only anonymised in terms of patients but also in terms of the practices that contribute to it. We are not in a position, therefore, to conduct the study suggested by the author. However, we know of no reason why such practices would have an unusual incidence of PDDs compared to other practices.
4. Whilst we could have carried out some statistical procedure to adjust for practice the issue is the diagnostic practice of the individual physician. The reviewer may not appreciate that the number of physicians in a practice is highly variable - and we do not know which physician in a practice made the diagnosis for a particular child.
5. Discretionary revision: We have dropped the statement that this paper and Kaye et al are asking different questions.

6. Compulsory revision: We have now included reference and discussion of the two Jick papers the referee cites.

7. Discretionary revision: We plan to look at other diagnoses but that is not the subject of this paper.

8. Compulsory revision: Unjustified conclusion. We have modified the conclusion to reflect the referee’s comment.

9. Discretionary: We have changed this sentence to refer to sensitivity as suggested.

10. Discretionary: We disagree with the referee. Birth cohorts are represented in this table by the rows (deliberately) and the diagonals represent exactly what the caption to the table states.

11. Minor essential(?) revision: We have substituted “fail” for “omit”

We hope that the paper may now be published.

Yours sincerely,

Liam Smeeth and others