Reviewer’s report

Title: ADHD medication in offspring of immigrants — Does the income level of the country of parental origin matter?

Version: 0 Date: 12 Oct 2017

Reviewer: Kate Langley

Reviewer's report:

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This is a well-written manuscript which builds upon previous findings that the children of immigrant families living in Sweden utilise psychiatric services for ADHD less than those of native-born parents, investigating whether this is associated with the level of income (as a proxy for availability of psychiatric care) in their country of origin with ADHD medication use as an indicator of psychiatric service use. Indeed, this is what the findings suggested, leading to the conclusion that unfamiliarity with Western child psychiatry may be a barrier to accessing such services.

I have a few, relatively minor comments.

Whilst the authors concentrate on the findings of low and middle-income countries, they also find lower levels of medication use in the European and Non-European high income countries. It would be good to discuss this finding and why it might arise.

The conclusion that these findings are due to unfamiliarity to Western child psychiatry is a bit of a leap from the investigations in this manuscript. It would be better for the authors to stick to what can be concluded from their analyses and include just a suggestion that this may be due to unfamiliarity.

My understanding from the methods is that all children were born in Sweden (page 7, line 167). Therefore, no new immigrants (when the child was, say 7 years old) are included in the study. I think this needs to be noted, especially as the sensitivity analyses suggest that length of time in Sweden is not associated with child medication. Descriptive information regarding the length of time families had been in Sweden would also be beneficial. In the interaction analyses (page 9,
line 224), the authors dichotomise their sample as those having spent less than 10 years in Sweden and those having spent more than 10 years. As the children were all born in Sweden, all older children will have to be in the > than 10 years. Again this needs to be clarified. Are the findings that length of time mothers had been in Sweden related to child age? Considering the fact that all children were born in Sweden, how many individuals were in the group who had been in Sweden for <10 years and what is the mean/range of time spent in Sweden for this group.

In some previous analyses in this population, the definition of use of ADHD medication is two, rather than one prescription. Is this alternative definition relevant to the results?

On page 9, line 208, it sounds like the parents (rather than the child) have been prescribed ADHD medication.

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

Yes

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Yes

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

Yes

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I am able to assess the statistics

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