Author’s response to reviews

Title: Acute and mixed alcohol intoxications in asylum seekers presenting to an urban emergency department in Switzerland

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Version: 1 Date: 21 Mar 2019

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Reviewer reports:

Sean Joseph O'Connor, MD (Reviewer 1):

Comment 1.1: “Some of the data presented in the Tables are a bit confusing: In Table 1, the totals in years of consultation and sex do not reflect the sum of the columns to the left.”

We thank the reviewer for this comment. Indeed, the table was confusing as there were some incorrect numbers. The numbers are now corrected and double checked thoroughly.

Comment 1.2: In Table 2, under the row heading 'Psychiatrist Needed', 26% of asylum seekers is listed, vs. 49% of the local [Swiss] population, but in the text (e.g. page 6, line 33 and elsewhere) the assertion is that asylum seekers were more likely to be referred to a psychiatrist.

Thank you for pointing that out. We corrected that shortcoming.
Comment 1.3: In Table 2, the median age of the 2 groups is quite close, yet the 'p value' is < 0.001 (not likely) and in Table 1 the median ages are different. I understand that Table 1 describes overall consultations and Table 2 only those with AAMI, but the point of the paper is about AAMI and the reader may infer, incorrectly, that there is an important age difference in the latter.

Again, we thank the reviewer for its thorough review. The median age is now corrected and indeed there is an important age difference.

Comment 1.4: The abstract states that ' the residency status of all consultations was established', but Figure 1 says 356 were excluded.

That is correct. We revised the abstract and added “if possible”.

Comment 1.5: The foregoing concerns are stylistic at worst. As for content; It would have been interesting to know the same statistics for the 34,867 non-Swiss, non-asylum seeker admissions excluded from the study; the sample is certainly large enough to permit analysis. Such an inquiry might address the latent concern for cultural bias by the providers.

We felt it was important to compare asylum seekers for Swiss residents because from our data it would be difficult to determine the life histories of those who were non-Swiss and non-Asylum seekers. This group was likely comprised of former asylum seekers and individuals who migrated to Switzerland for a variety of reasons. Therefore, we were concerned about interpreting findings from these data as we do not have the kinds of data that would allow us to meaningfully compare the patients in that group with the others in the current study.

Ann Kathrin Stock (Reviewer 2):

Comment 2.1: In the abstract, the authors state that „Previous studies have reported an increase in alcohol-and-mixed intoxication (AAMI)-related emergency department (ED) admissions, but less is known about the incidence and characteristics of AAMI admissions to EDs among asylum-seeking patients.” This is true, but there should also be at least a short explanation on why asylum seekers could differ from other ER patients (overall health status / psychological health / stress / trauma / socioeconomic factors / education?) and how this is expected to alter their alcohol and drug consumption. In other words: please briefly provide some sort of mechanistic hypothesis (the conclusions section might help in this context)

Thank you for this point. We have now added a sentence about this in the abstract.
Comment 2.2: Abstract: please specify "consultation" (e.g. "medical consultation" or "consultation of a physician")

Thank you. This has since been clarified in the abstract.

Comment 2.3: Introduction: The authors list several studies showing that alcohol consumption and intoxication are associated with a large number of ED visits in several Western countries. This does however not underpin the claim that alcohol-related illnesses represent a GROWING area of concern in EDs, as the text of this manuscript contains no information on temporal development / trajectories.

We agree with this point and have since changed the text to remove the word “growing”.

Comment 2.4: Methods: Please provide some more details on the analyses (which kind of analyses?) in the statistics section.

We added information on the analysis in the statistic section.

Comment 2.5: Results, Demographic characteristics: Whenever ratios or percentages are compared (e.g. mean age, percentage of males, admission type etc.), please complement the description of these differences with parametric or non-parametric statistical tests. The resulting p values from such group comparison tests should also be provided in table 1

We added the p-values to Table 1.

Comment 2.6: Figure 1: Please provide a brief figure legend

This has since been added to Figure 1.

Comment 2.7: Table 3: what is "Year of admission [from one to next]"?

We modified the model and use the year 2013 as the baseline category now, thus using the “year of admission” as a categorical variable, not as a continuous variable.

Comment 2.7: Please correct the format of dates (e.g. it is "January 1st" not "1st January")
Thank you very much. This has since been revised.

Comment 2.8: Please also refer to the findings reported by Carta et al. (2005, https://www.ncbi.nlm.nih.gov/pubmed/16135246) and Horyniak et al. (2016, doi: 10.1371/journal.pone.0159134). In this context, you might want to somewhat tone down the claim that "These findings are the first to show that individuals seeking asylum in a high-income country may be at greater risk for AAMI-related admission than the local population."

Thank you very much. This has since been revised to include these relevant citations.