Author’s response to reviews

Title: Towards new recommendations to reduce the burden of alcohol-induced hypertension in the European Union

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Dear editors,

thank you very much for giving us a chance to revise the above-mentioned manuscript. We have added the requested DALY calculations and changed the respective text.

Please note that for the re-calculation of deaths and DALYs from the same data source, we recruited one additional author, who also helped in finalizing the text. We enclose formalities, that all 29 authors agreed (quite an achievement to obtain these signatures in summertime within a week in addition to their agreement of the final version, but this is a testimony that all authors are impatiently looking forward to have this published!).

Please do not hesitate to contact us should there be any additional requests for information.
Sincerely,

Jakob Manthey (corresponding author)

Reviewer #1: The authors have been very responsive to reviewer comments and have extensively revised the manuscript. I believe that all reviewer comments have been dealt with satisfactorily.

Author response: Thank you!

Reviewer #2: The questions and criticisms in my previous review have been adequately addressed.

Author response: Thank you!

Reviewer #6: Thank you very much for the opportunity to review this article. I mainly focused on the authors' responses to Reviewer #4 as per the journal's request.

I think that all the comments made by Reviewer #4 had been adequately addressed, except the one below that required the estimate of (healthy) life years gained. I don't agree with the authors' response to this reviewer comment: "All deaths are premature". To estimate healthy life years gained, one needs to attach disability weights to different health states (see Cobiac et al). Disability weights can vary quite a lot by health states (see Salomon et al). Therefore, with disability weights attached, health gains from stroke can be very different with those from liver cirrhosis. This results in the total health gains changes by the distribution of health states, incidence and prevalence of diseases among other epidemiological factors (and hence influencing the cost-effectiveness evaluation of the intervention).

Author response: While we still maintain the correctness of the statement, that all deaths prior to age 65 are premature, we agree, that non-fatal health events were not covered in the previous draft.
We have thus added estimates of DALYs avoided in the last version of the article. As this was not the main thrust of the manuscript, main additions were to Table 3, with short explanation in the text. As all calculations were restricted to people between 40 and 65 years of age, the relations between deaths and DALYs were not as disparate as for calculations over the whole age span, but of course, injuries became more important for burden of disease (DALYs). We redid all analyses to use exactly the same underlying definitions (based on GBD categories) for deaths and DALYs.