

Author's response to reviews

Title: Psychiatric services in primary care settings: a survey of general practitioners in Thailand

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Author's response to reviews: see over



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The Editor
BioMed Central Family Practice

Re: MS: 2083961765956832 'Psychiatric services in primary care settings: a survey of general practitioners in Thailand'

Dear the Editor:

We again appreciate the thoughtful reviews of our manuscript. Hereafter are our responses to the critiques from Reviewer #1, as Reviewer #2 kindly recommended acceptance without revision. We believe that our paper has been much improved in a variety of ways as a result of their input.

Reviewer 1: Steve Kisely

General

The authors have addressed all my original points

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1) The outstanding issue for me is the section on barriers to recognising psychiatric problems. There seem to be two concepts- barriers to recognising psychiatric problems and perception of psychiatric prevalence. Are these mirror images of each other? If they are, the variable should be reported in a consistent way through-out. If they are not, the differences between the two need to be spelt out more clearly.

Response: We would like to change the title of this section to "Barriers to diagnosis of psychiatric disorders" because it is more close to the Thai wording used in the questionnaire and readers might be less confused. We apologize for the confusion.

We wanted to know GPs' opinion on the extent to which each barrier hindered the diagnosis of psychiatric problems. We also wanted to examine how these barriers affected GPs' perception of psychiatric prevalence in their primary care setting. Our results suggested that each barrier problem affected the perception of psychiatric prevalence differently especially the problem of time constraints which correlated positively with the (perceived) psychiatric prevalence.

This section has been revised as follows:

(Results section : 5th paragraph, p 5)

"A Pearson product-moment correlation was used to explore the association between each barrier problem and the perception of psychiatric prevalence. We found that the perceived psychiatric prevalence was significantly associated with only three variables. It had a negative correlation with the lack of interviewing skills ($r = -0.136$, $P = 0.013$) and the lack of experience in psychiatric patient care ($r = -0.108$, $P = 0.048$). However, it correlated positively with the problem of time constraints ($r = 0.143$, $P = 0.009$)."

(Discussion section: 3rd paragraph, p 6)

"Our study revealed that GPs who faced with more time constraints tended to perceive that there were more psychiatric patients in their practice. It seems to contradict the commonly held view that the larger the number of patients examined, the more psychiatric problems go undetected and undertreated [16]. This is due to the fact that our study was an opinion survey. The answers of many respondents may be based on their attitude and concern but

not their practice. Our findings may reflect that these GPs were concerned that there were a number of psychiatric patients in their routine care but they had difficulty in arriving at a definitive diagnosis due to time constraints. We are cautious in providing justification for this finding as the correlation between these two variables (the problem of time constraints and the perception of psychiatric problems) was very weak. A further study should be conducted to find whether their 'real world' practice shows the same tendency."

2) I personally found the multiple regression analysis in Table 2 unhelpful. Again, what is the meaning of the dependant variable, percentage of patients with psychiatric problems? Does it describe barriers to recognizing psychiatric problems, or perception of psychiatric prevalence, or a third variable? On the face of things, some of the results seemed counter-intuitive but maybe I didn't understand it properly. I would suggest it was reviewed by an expert statistician. This section really needs re-writing

Response : We agree to removed the section on multiple regression analysis and Table 2 as the correlation between variables was very small. Moreover, since this study was an opinion survey and it may not reflect the real world practice, we would like to focus our discussion only on the outstanding findings.

Minor Essential Revisions: (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
There are still a few typographical errors

Response : Corrections have been made in the revised manuscript.

Discretionary Revisions (which the author can choose to ignore)

None

Reviewer 2: David Armstrong

General

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Discretionary Revisions (which the author can choose to ignore)

I think the authors have responded well to my comments and while they perhaps have still not grasped the difference between an effect size and a p value I think the paper is much improved and now merits publication.

What next?: Accept without revision

Thank you for your consideration. We look forward to your answer.

Sincerely yours,

Manote Lotrakul, M.D.