

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	A cross-sectional survey to describe medicine use among Syrian asylum seekers and refugees in a German federal state: Looking beyond infectious diseases
AUTHORS	Aljadeeah, Saleh; Wirtz, Veronika; Nagel, Eckhard

VERSION 1 – REVIEW

REVIEWER	Al kahtani, Saad Ahmed Najran University Faculty of Pharmacy
REVIEW RETURNED	08-Jul-2021

GENERAL COMMENTS	<p>The study is interesting and may direct the attention toward the prevalence of using medicine among those groups in Germany. However, there are some points need to be revised or even corrected:</p> <ol style="list-style-type: none">1- Better to explain access to the health care system in Germany. Are those groups have free access to health care or they need insurance or limited access.2- socio-demographic variables should include education, employment (did they have income???)3- It should be better to assess their understanding of the health care system in Germany, This is an important factor to address the research questions.4- Better to compare with a control group (German citizen).5- The manuscript can be a little shorter to avoid repetition in some parts of the introduction and discussion.
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Saad Ahmed Al kahtani, Najran University Faculty of Pharmacy

Comments to the Author:

The study is interesting and may direct the attention toward the prevalence of using medicine among those groups in Germany. However, there are some points need to be revised or even corrected:
Thank you very much for your feedback. We appreciate your comments about our study.

1- Better to explain access to the health care system in Germany. Are those groups have free access to health care or they need insurance or limited access.

Thank you for your suggestion. We added the following description to explain this point:

“Articles 4 and 6 of the asylum seekers benefit act (Asylbewerberleistungsgesetz) restrict the access to healthcare services among asylum seekers in Germany to emergency medical care, treatment for acute and painful conditions, care during pregnancy and childbirth, vaccinations and other “necessary preventive measures”. Asylum seekers can obtain regular access to health care through standard statutory health insurance once they receive refugee status. In addition to the system-related restrictions, AS&Rs face other obstacles when accessing healthcare services. According to a previous study that has explored the barriers to accessing medicines among Syrian AS&Rs, language barriers and the possibility of purchasing medicines without a prescription were the most common barriers.” (Lines 99-107)

We have also added information about the health insurance status of the participants of our study to read:

“About 98% of the participants had health insurance.” (Lines 221-222)

2- socio-demographic variables should include education, employment (did they have income???),

Thank you for your suggestion. To clarify this, we added:

“Information about other socio-demographic characteristics of the participants (health insurance status, employment status, education, and income) can be found in supplementary Table 1.” (Lines 222-223)

We have added the supplementary Table 1 to the Supplementary File to read:

Supplementary Table 1: Sociodemographic characteristics of the participants

Participant Characteristics	Number of Participants	Proportion (%)
Health insurance		
Yes	1616	98.48%
No	23	1.4%
Missing	2	0.12%
Missing	16	0.97%
Employment (Adults only)		
Employed	249	23.42%
Retired	16	1.51%
Vocational training	237	22.29%
Not employed	537	50.52%
Missing	24	2.26%
Highest level of education (Adults only)		
Did not receive any school education	73	6.88%
Primary school certificate	156	14.67%
Intermediate school certificate	282	26.53%
Secondary school certificate (General)	183	17.21%
Polytechnic secondary school education	31	2.92%
Technical college	74	6.91%
University degree (Bachelor)	197	18.53%
Higher university degree (Diploma, Master or PhD)	13	1.22%
Other	42	3.95%

Missing	12	1.13%
Income (only adults)		
≤ 491 €	626	58.89%
492 € to 921€	194	18.25%
922 € to 1417 €	110	10.35%
1418 € to 1833 €	56	5.27%
1834 € to 2125 €	28	2.63%
≥2693 €	2	0.19%
Missing	47	4.42%

3- It should be better to assess their understanding of the health care system in Germany, This is an important factor to address the research questions.

Thank you for your comment. Our survey focused on medicines use among asylum seekers and refugees but did not include elements or questions to assess the understanding of the health care system in Germany among our study population. In a different paper, we have reported the barriers to access medicines among this population:

Aljadeeah, S.; Wirtz, V.J.; Nagel, E. Barriers to Accessing Medicines among Syrian Asylum Seekers and Refugees in a German Federal State. *Int. J. Environ. Res. Public Health* 2021, 18, 519. <https://doi.org/10.3390/ijerph18020519>.

4- Better to compare with a control group (German citizen).

We have compared the results of our study with the results of the German Health Interview and Examination Survey for Adults (DEGS) and the German Health Interview and Examination Survey for Children and Adolescents (KiGGS). To provide an explanation of the relevance of this comparison we added the following:

“Similar to our study, the DEGS and KiGGS studies reported medicines use in the last seven days prior to data collection and included both prescribed medicines and self-medication in the general population. However, comparing the results of our study with the results of the DEGS and KiGGS should be considered with caution. However, comparing the results of our study with the results of the DEGS and KiGGS should be considered with caution. The DEGS and KiGGS studies comprised the entire country whereas our study took place in one state (Land).” (Lines 329-333)

“Our study was limited to one state (NRW), while the DEGS and KiGGS studies comprised the entire country. In Germany, there are variations in the prevalence of medicine use between the different states.” (Lines 466-468)

5- The manuscript can be a little shorter to avoid repetition in some parts of the introduction and discussion.

Thank you for your suggestion. To shorten our manuscript and avoid repetition, we have removed the following parts of our manuscript:

“This finding raises the question whether enough attention in the development of policies and clinical practice has been paid to ensure NCDs care in the Syrian AS&R population.” (Lines 357-358)

“Acute conditions such as fever and cough were the most commonly reported reasons for using medicines among child participants in our research. Similarly, one study reported that respiratory

diseases and fever were the most typical reasons for use of medicines by child refugees in Jordan. In our study two chronic diseases, epilepsy and asthma, were among the ten most common reasons for use of medicines by children. However, these two diseases represented only three participants each. Two studies on medicine use among refugee children, in England and Jordan, found that using medicines to treat chronic diseases was uncommon. In those studies, asthma was the most common chronic illness. Among the general German paediatric population, acute diseases were the most common ones leading to medicine use. Medicines in group R (such as hederæ heliçis folium preparations) and group M (such as Ibuprofen) were the first and third most commonly used medicines respectively among children in the KiGGS study. The lower prevalence of medicines use to treat chronic diseases among child AS&Rs in our study is in line with those studies.” (Lines 376-387)