BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (http://bmjopen.bmj.com/site/about/resources/checklist.pdf) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

**ARTICLE DETAILS**

<table>
<thead>
<tr>
<th>TITLE (PROVISIONAL)</th>
<th>Examining the pharmacological and psychological treatment of child and adolescent ADHD in Australia: protocol for a retrospective cohort study using linked national registry data</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUTHORS</td>
<td>Sullivan, Daniel; Payne, Leanne; Boulton, Kelsie; Silove, Natalie; Bellgrove, Mark; Sciberras, Emma; Coghill, David; Guastella, Adam; Middeldorp, Christel</td>
</tr>
</tbody>
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**VERSION 1 – REVIEW**

<table>
<thead>
<tr>
<th>REVIEWER</th>
<th>Chen, Mu-Hong</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>National Yang-Ming University, Division of Psychiatry</td>
</tr>
<tr>
<td>REVIEW RETURNED</td>
<td>27-Jul-2022</td>
</tr>
</tbody>
</table>

**GENERAL COMMENTS**

Based on the protocol, authors reported their study goal will be to assess the demographic characteristics of Pharmacological and Psychological Treatment patterns in children and adolescents with ADHD. They further want to examine the compliance of treatment with NICE guidelines. I think the more important issues may include how long do the medication use? how those patients use medications (i.e., how about adherence rate?)? what statistical methods will be applied to test the compliance with NICE guidelines? do those treatments achieve any benefit for mental symptoms and overall function? does no treatment (medications or psychosocial intervention, respectively) cause any adversity? how personal mental comorbidities affect above issues? how parents' mental conditions affect above issues....I think only simple demographic and logistical regression analysis is not so attractive for the readers. Thanks.

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<td></td>
<td>Univ Hosp Wurzburg</td>
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<tr>
<td>REVIEW RETURNED</td>
<td>05-Aug-2022</td>
</tr>
</tbody>
</table>

**GENERAL COMMENTS**

Thank you for this very interesting study protocol concerning a highly relevant topic of ADHD patients' journey through the healthcare system and the use of resources. I'm looking forward to reading the results publication!

Specific comments are added directly in the PDF at the respective place.

In general, I noticed a discrepancy in the writing style between introduction/methods and discussions/limitations. The discussion and the section regarding limitations are much more concise, less colloquial and easier to follow. The manuscript may benefit from a language revision of the first sections.
For international readers, some more detail regarding the Australian (mental) healthcare system may be helpful in the introduction, e.g.: Do all prescriptions go through PBS? What are the differences between public and private healthcare settings - Is there a difference in clientele?

Methods: Add detail e.g. regarding
- how the different routine outcome measures will be integrated in your analysis.
- which sociodemographic variables will be extracted from the records.
- hypotheses

I did not see the completed SPIRIT checklist, but I think there is some information missing e.g. regarding confidentiality (Are data stored under the full name, a pseudonym or are they anonymized after integrating data from all sourced pertaining to one patient?).

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<th>REVIEWER</th>
<th>Nermend, Małgorzata</th>
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<tr>
<td>University</td>
<td>University of Szczecin, Wydział Nauk Społecznych</td>
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<tr>
<td>REVIEW RETURNED</td>
<td>07-Aug-2022</td>
</tr>
</tbody>
</table>

**GENERAL COMMENTS**

Overall Review: The research chosen and the application of technique makes the research interesting with the methodological approach. Overall the research is well explained and presented and the work deserves appreciation. The work is lacking in literature review, statistical analysis, and conclusion, which is very necessary. Adding these sections will enhance the credentials of the research. The work reflects the dedication of researcher at each level. However, suggested comments can help the researcher to improve the quality of research paper, for the betterment of study for the mass reader. The complete research paper needs the justified alignment rather left alignment. Add some more research citations strictly recommended, wherever required as advised. English language needs a minor improvement making sentences, and paragraphs shorter in the complete research paper, which may enhance the quality of the work.

(1) Title
- Title may have a better framing.
- It may be framed with removing some words.
- Title does need the complete scope of the study.

(2) Abstract and Keywords
- Abstract is well articulated which is representing a good snapshot of the research.
- It may have more concise though a better encapsulation of the research.
- Keywords are missing.
- Research must provide the most relevant keywords.
- Sentences need some improvement with vocabulary and grammar for English language.

(3) Introduction
- A good presentation of the work with the requirements.
- Paragraphs are evenly distributed and presented
- It is explained with a better elaboration.
- The problem is a good observation.
• The section may have a paragraph explain flow of research.
• Study Aims needs modification as sentences, and must be grammatically correct.
• English grammar, and punctuation needs improvement.

(4) Methods and Analysis
• Study Design is the repetition from Introduction.
• Study Design must be improved with a different presentation.
• Study Location is required to have more explanation to differentiate from Introduction.
• Recruitment of Participants section is a good discussion.
• Study Population and Eligibility Criteria provides a clear view over study, but needs to organize points 1. And 2.
• Exclusion Criteria is a justified selection.
• Ethics, Privacy, and Dissemination section provides an open information.
• English grammar, and punctuation needs improvement.

(5) Outcomes
• The heading should be modified with some better words.
• Primary Outcome needs more elaboration for the justification of research.
• Secondary Outcomes also need more add-on for the understanding of readers.
• Sentence No. 47, (9) does not make any sense.
• The similar way for (10), (11), and (12) needs correction.

(6) Data Analysis
• The section is just discussion about the data analysis tools and techniques (Table2).
• There must be data analysis presentation in the section justifying (Table 2).
• This section must be improved with statistical representations.

(7) Discussion
• This section is providing the information from the research, but the lack of statistical values in discussion reduces the acceptance.
• The section needs more elaboration.

(8) Limitations and Future Research Directions
• Limitation are very common but acceptable as it is the reality of research.
• The future research plan looks interesting.

(9) References
• There must be addition of many new references.
• Most of the references needs to update with mixed study from many country studies.

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<th>REVIEWER</th>
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<td>Dr. Mu-Hong Chen, National Yang-Ming University</td>
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<td>Comments to the Author:</td>
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3
adolescents with ADHD. They further want to examine the compliance of treatment with NICE guidelines. I think the more important issues may include how long do the medication use?

RESPONSE: Thanks for the comments and suggestions. We agree it would be beneficial to assess the duration of medication use, and we have included duration in our proposed analyses in the manuscript (page 16, Table 3).

1. “Describe the frequency and duration of ADHD treatment by medication type”
2. “Describe the frequency and duration of treatment with medication for comorbid disorders”
3. “Describe the frequency and duration of treatment with stimulants in those children without a public health system ADHD diagnosis”

how those patients use medications (i.e., how about adherence rate?)?

RESPONSE: We will not be able to assess adherence, because the federal linked data can only show if a medication was supplied, not if it was taken. This limitation is listed on page 19, in the section ‘Limitations and Future Research Directions.’

“With regards to the PBS, the issuing of a prescription does not guarantee the child took the medication. Medication compliance is a known issue in ADHD, with Perwien, et al. 28 finding that in a US setting by the second month of treatment, less than 20% of children were compliant in taking their medication.”

what statistical methods will be applied to test the compliance with NICE guidelines?

RESPONSE: Regarding how to assess compliance with the NICE guidelines, Table 3 of the revised manuscript states that this will be assessed by looking at the progression of medications prescribed to a particular child. Longitudinally, we will see if, for example, methylphenidate prescription occurred earlier than guanfacine prescriptions in accordance with the guideline. During the treatment at the public service, we will analyse whether children that were still scoring above the clinical threshold for ADHD were switched to another type of medication.

do those treatments achieve any benefit for mental symptoms and overall function?

RESPONSE: Our proposed analyses address this by comparing the routine outcome measures in those who receive treatment for ADHD and whether that treatment was in line with the NICE recommendations. Table 1 (p13 – 14) reports the available routine outcome measures, which include measures of symptoms, such as the HoNOSCA, and measures of function, such as the CGAS.

does no treatment (medications or psychosocial intervention, respectively) cause any adversity?

RESPONSE: We have included “no treatment” as an analysis group alongside those children who met threshold for Saloner’s definition of minimally adequate treatment (4 sessions for pharmacological intervention, 8 sessions for non-pharmacological intervention), and those children who received some treatment, but not enough to reach MAT threshold (page 16 – 17, Table 3. Comparing these groups on Routine Outcome Measures will demonstrate if no treatment causes adverse outcomes on symptoms and function. These analyses are proposed on page 16 – 17.
“For children with ADHD or a medication history suggestive of ADHD, Mean routine outcome measure scores will be compared for those children who received MAT, inadequate treatment dose (some intervention, but not MAT), or no treatment.”

how personal mental comorbidities affect above issues?

how parents’ mental conditions affect above issues....

RESPONSE: We have added comorbidities and, where possible, parental factors as covariates to the proposed regression analyses. We note as per Table 2 (pages 14 – 15) that not all sites include parental variables.

I think only simple demographic and logistical regression analysis is not so attractive for the readers. Thanks.

RESPONSE: The frequency statistics, t-tests, linear regression, and logistic regression are suitable and accepted statistical tests for answering the study aims as proposed. Where a study has an adequate sample size, the selection of alternative non-parametric tests is only advised where the data is radically abnormally distributed (Ghasemi et al., 2012). Whilst the tests as proposed are intended to answer the research questions specified in this protocol, we appreciate the Reviewer’s suggestion and may consider more complex models in future secondary analysis of the dataset.


Reviewer: 2 [PLEASE SEE ATTACHED FILE FOR ADDITIONAL COMMENTS FROM REVIEWER 2]
Dr. Julia Geissler, Univ Hosp Wurzburg

Comments to the Author:
Thank you for this very interesting study protocol concerning a highly relevant topic of ADHD patients’ journey through the healthcare system and the use of resources. I'm looking forward to reading the results publication!

RESPONSE: We thank the Reviewer for their interest in our project and look forward to eventually publishing the results.

Specific comments are added directly in the PDF at the respective place.

RESPONSE: We have copied the Reviewer’s comments from the PDF and responded to them at the bottom of the main review.

In general, I noticed a discrepancy in the writing style between introduction/methods and discussions/limitations. The discussion and the section regarding limitations are much more concise, less colloquial and easier to follow. The manuscript may benefit from a language revision of the first sections.

RESPONSE: We have revised the earlier sections of the manuscript for language/style/typographical errors.

For international readers, some more detail regarding the Australian (mental) healthcare system may
be helpful in the introduction, e.g.: Do all prescriptions go through PBS? What are the differences between public and private healthcare settings - Is there a difference in clientele?

RESPONSE: We have expanded on the PBS and public vs private healthcare further in our introduction section (pages 7 – 8).

Methods: Add detail e.g. regarding
- how the different routine outcome measures will be integrated in your analysis.

RESPONSE: We have expanded further on the proposed use of outcome measures in analyses in Table 3 (pages 16 – 17) of the revision.

- which sociodemographic variables will be extracted from the records.

RESPONSE: We have included the sociodemographic variables in a new table (Table 2, pages 14 – 15) in the Data Analysis section.

- hypotheses

RESPONSE: With respect to hypotheses, we are proposing an exploratory and descriptive study, and as such, we do not have pre-conceived hypotheses. The paper does report the research questions we are seeking to answer, and we have now added to the Study Aims section (page 9) “This exploratory study will describe the treatment…”

I did not see the completed SPIRIT checklist, but I think there is some information missing e.g. regarding confidentiality (Are data stored under the full name, a pseudonym or are they anonymized after integrating data from all sourced pertaining to one patient?).

RESPONSE: We thank the Reviewer for identifying the missing information regarding confidentiality of the dataset. We have added additional explanatory text and a figure in a new Method sub-section ‘Linkage Procedure’ which we hope clarifies the confidentiality issue. We did not include a SPIRIT checklist as we are not conducting a clinical trial.

Reviewer 2 also kindly left comments in the PDF of the manuscript, which we have copied and responded to below:

- Page 2 – “add section regarding statistical methods” (Abstract)
  RESPONSE: We have added brief information on the statistical analysis approach to the “methods and analysis” subsection of the abstract. The author guidelines request the abstract for protocol papers be comprised of 1. Introduction, 2. Methods and Analysis, and 3. Ethics and Dissemination. Unfortunately this means we will not be able to add a specific “statistical methods” section to the abstract.

- P3 – “surplus word?” (Strengths and Limitations)
  RESPONSE: Thank you for noticing this error; “allows” has been deleted.

- P4 – “Prevalences don’t affect people. Maybe “The global community prevalence for ADHD is 2.7%” or “ADHD affects 2.7% of the population.””
  RESPONSE: Rephrased as “Globally, ADHD is estimated to affect 2 – 7% of the population”

- P4 – “colloquial”
RESPONSE: “Gamut” changed to “range”

- P5 – “surplus word”
RESPONSE: Thank you for noticing this error; “and” has been deleted.

- P5 –
RESPONSE: The first half of the following sentence was highlighted by the reviewer with no comments left: “The poorer response to treatment for attention symptoms is in line with previous studies, but seems in contrast to the good outcomes reported in treatment trials, including improvements in core ADHD symptoms, and improvements in health related quality of life”.

We wonder if the Reviewer thought this sentence was too long. We have now opted to delete the comma and split this sentence into two sentences to improve readability.

- P6 – “over time”
RESPONSE: Thank you for noticing this typographical error; changed “over-time” to “over time”.

- P7 – “Do the ALSO accept children with complex problems of ONLY children with complex problems? I am unfamiliar with the Australian healthcare system and therefore did not understand whether children with “only” ADHD are included in the sample.”
RESPONSE: We realise the sentences were unclear and have revised them to the following: “Public CYMHS accept children for treatment who have severe and complex mental health problems, meaning they do not only see children with ADHD. A diagnosis of ADHD only with no comorbidities is uncommon in CYMHS, with 86.2% of CYMHS children with ADHD also having at least one additional diagnosis (citation 15, Payne et al., 2022). CDS focus on the assessment and diagnosis of children with neurodevelopmental disorders, as opposed to other mental disorders, and children are mostly seen by developmental paediatricians.”

- P7 – “Check manuscript for punctuation errors.”
RESPONSE: The comma in “children with neurodevelopmental disorders, as opposed to other mental disorders” was highlighted by the Reviewer, however we believe this to be the correct use of punctuation in this particular sentence.

- P7 – “Are all medications prescribed in Australia subsidised via PBS? So do those PBS-numbers represent all ADHD medications that were prescribed across Australia?”
RESPONSE: We have provided more context in the manuscript by adding the following sentence on page 8: “Around 85% of all Australian prescriptions are PBS subsidised, and the medications routinely used to treat ADHD (stimulants and second-line medications such as atomoxetine and guanfacine) are PBS-eligible.”

- P7 – “What does prematurely mean in this context?”
RESPONSE: We have added “before reaching the threshold for a minimally adequate treatment” to the end of the sentence (now page 8). This aims to convey that where a young person dies, they may not have had sufficient number of appointments to reach the MAT threshold, which would artificially inflate the numbers of children not receiving adequate levels of intervention.

- P7 – “Does the NDI have all psychiatric diagnoses the deceased had?”
RESPONSE: The NDI does not list psychiatric diagnoses of the deceased. The NDI contains three categories of variables, and the variables we will receive within those categories are:
1. Fact of Death variables: date of death
2. **Cause of Death variables:** Underlying causes of death (ICD9 prior to 1997 and ICD10 codes after 1997), Other causes of death (ICD10 after 1997)

3. **Other variables:** not requested for our project

These have been added on page 8: “We will also extract data from the National Death Index (NDI) (date of death and underlying and other causes of death, which may help explain some cases where the child has been shown to prematurely cease treatment (both medications and healthcare provider appointments) before reaching the threshold for a minimally adequate treatment.”

- **P8 – “how can the appropriateness be evaluated? Do you also have access to clinical outcome data?”**
  
  RESPONSE: Thanks to the Reviewer for this thoughtful question. Yes, we do have access to some clinical outcome data for the sites (Table 1, pages 13 – 14). Appropriateness of therapy can refer to several aspects of treatment, for example 1: Are medications prescribed in the order advised by the guideline? And 2: Are medications changed if there is inadequate response. The reason for the use of the word “appropriateness” is that what is an appropriate medication to be trialled in a clinical setting is dependent on what has occurred previously. For example, if a child enters our Child and Youth Mental Health Service and is started on Guanfacine it may appear from the data as if the clinicians have skipped the psychostimulants as first-line options. Linkage to PBS data, however, may show that prior to entering the service they had already trialled first-line drugs with private providers and needed to move to a different agent – hence starting with Guanfacine in that service would be appropriate. If the child had never trialled stimulants, Guanfacine would not be an appropriate starting drug in the service. With respect to clinical outcome measures, if a child remained on the same drug at the same dose, but their outcome measures had not improved by the end of their time in the service, this would not be appropriate prescribing because the child has not progressed to a higher dose or switched medication agents despite inadequate clinical response. We have articulated this in the revised manuscript (page 9) in ‘Study Aims’.

- **P8 – “Do you mean psychotherapy? Psychology is not a kind of therapy.”**
  
  RESPONSE: “psychology” changed to “psychotherapy”

- **P8 – “non-pharmacological”**
  
  RESPONSE: “non-medication” changed to “non-pharmacological”

- **P10 – “if no diagnosis was reached because”**
  
  RESPONSE: Sentence amended accordingly.

- **P11 – “Are data stored under a pseudonym or are they anonymized?”**
  
  RESPONSE: The identifying information we provide for linkage purposes is stripped by the AIHW before the linked datasets are returned. We have added Figure 1 which explains the data flow and provides a visual representation of this.

- **P11 – “check for spelling and style. Maybe “Psychostimulants (methylphenidate, amphetamines) are the mainstay of the pharmacological treatment for ADHD.”?”**
  
  RESPONSE: Sentenced rephrased accordingly.

- **P11 – “Maybe move this paragraph to the introduction.”**
  
  RESPONSE: Moved to third paragraph of the introduction, page 4.
• P11 – “lower case: methylphenidate and amphetamines”
  RESPONSE: Changed to lower-case accordingly.

• P11 – “all lowercase” (medication names)
  RESPONSE: Changed to lower-case accordingly.

• P11 – “for non-responders and patients with contraindications or severe adverse effects.”
  (wording suggestion)
  RESPONSE: Sentence re-phrased accordingly.

• P11 – “for those patients” (wording suggestion)
  RESPONSE: Sentence re-phrased accordingly.

• P12 – followed NICE guidelines” (wording suggestion)
  RESPONSE: Sentence amended accordingly.

• P12 – “Move paragraph to introduction and only describe the actual outcomes here.”
  (secondary outcomes justification)
  RESPONSE: Moved to second page of the introduction, immediately before the paragraph
  “Recent research by our group” (page 5-6).

• P12 – “with regard”
  RESPONSE: “regards” changed to “regard”.

• P13 – “Why did you include antiepileptics? Epilepsy isn’t a psychiatric diagnosis.”
  RESPONSE: The antiepileptic drug category in the ATC index includes antiepileptic drugs
  used for psychiatric purposes, most notably lamotrigine (mood stabilisation).

• P15 – “Maybe include an explanation how this conclusion is reached. How are outcomes / the
  degrees of improvement compared? Do you mean in terms of effect sizes?”
  RESPONSE: We have amended this sentence to explain that children with ADHD improve on
  routine outcome measures to a lesser extent (magnitude of change is less) and they are more
  likely to remain in the clinical range at the end of treatment. Page 18 in the revised
  manuscript.

  “Previous research has demonstrated that, compared to those with emotional disorders,
  children with ADHD in the public child and youth mental health system improve to a lesser
  extent on routine outcome measures and are more likely to remain in the clinical range at end
  of treatment [18].”

• P16 – “Uniform format, e.g. “Did the child see a paediatrician or psychiatrist? Were
  psychotropics prescribed – and if so, were the script repeats filled? Did the child see a private
  psychologist?”
  RESPONSE: Amended accordingly.

• P16 – “Did”
  RESPONSE: Amended accordingly.

Reviewer: 3
Dr. Małgorzata Nermend, University of Szczecin
Comments to the Author:
Overall Review: The research chosen and the application of technique makes the research interesting with the methodological approach. Overall the research is well explained and presented and the work deserves appreciation. The work is lacking in literature review, statistical analysis, and conclusion, which is very necessary. Adding these sections will enhance the credentials of the research. The work reflects the dedication of researcher at each level. However, suggested comments can help the researcher to improve the quality of research paper, for the betterment of study for the mass reader. The complete research paper needs the justified alignment rather left alignment. Add some more research citations strictly recommended, wherever required as advised. English language needs a minor improvement making sentences, and paragraphs shorter in the complete research paper, which may enhance the quality of the work.

RESPONSE: Thank you for the feedback. We have responded to your specific comments below.

With respect to paragraph alignment/justification, the journal’s type-setter will ensure the paper meets the journal formatting style if it is accepted for publication. We have updated the literature review and would be willing to consider any specific citations you recommend. We have revised the writing style, grammar, and checked for typographical errors.

(1) Title
• Title may have a better framing.
• It may be framed with removing some words.
• Title does need the complete scope of the study. [NOTE FROM THE EDITOR: please feel free to rebut these suggestions]

RESPONSE: Thank you for this suggestion. You will note the Editor also requested amendments to the title of our paper, and we have done so accordingly.

(2) Abstract and Keywords
• Abstract is well articulated which is representing a good snapshot of the research.
• It may have more concise though a better encapsulation of the research.
• Keywords are missing.

RESPONSE: Thank you, we are glad to hear the abstract satisfactorily communicates our intent for this study. We are not aware that this journal requires keywords.

• Research must provide the most relevant keywords.

RESPONSE: As above, we are not aware that this journal requires keywords. We are happy to provide them if the Editor requests these.

• Sentences need some improvement with vocabulary and grammar for English language.

RESPONSE: Thank you, we have checked and revised our manuscript in style and grammar.

(3) Introduction
• A good presentation of the work with the requirements.
• Paragraphs are evenly distributed and presented
• It is explained with a better elaboration.
• The problem is a good observation.
• The section may have a paragraph explain flow of research.
• Study Aims needs modification as sentences, and must be grammatically correct.
• English grammar, and punctuation needs improvement.

RESPONSE: Thank you for these suggestions on improving the Introduction section and for the positive comments. We appreciate the suggestion of a paragraph explaining the flow of the research,
and have now included a figure and additional text in the Method section detailing the data flow from
the individual sites through to federal data integration. We have also revised the introduction for
spelling and grammar.

(4) Methods and Analysis
• Study Design is the repetition from Introduction.
• Study Design must be improved with a different presentation.
• Study Location is required to have more explanation to differentiate from Introduction.
• Recruitment of Participants section is a good discussion.
• Study Population and Eligibility Criteria provides a clear view over study, but needs to organize
  points 1. And 2.
• Exclusion Criteria is a justified selection.
• Ethics, Privacy, and Dissemination section provides an open information.
• English grammar, and punctuation needs improvement.
RESPONSE: We thank the Reviewer for the positive comments about
the recruitment, study
population/criteria, and ethics sub-sections. With respect to the ‘Study Design’ sub-section, we agree
that we have repeated some parts of the intro. The aim of the paragraph in the intro was to provide a
brief outline of the project. In the methods section we provide a more elaborate description of the MBS,
PBS, NDI, and AIHW as well as of the study location. We have revised this section for grammar,
punctuation, and spelling.

(5) Outcomes
• The heading should be modified with some better words.
• Primary Outcome needs more elaboration for the justification of research.
• Secondary Outcomes also need more add-on for the understanding of readers.
• Sentence No. 47, (9) does not make any sense.
• The similar way for (10), (11), and (12) needs correction.
RESPONSE: We couldn’t think of better words but are happy to consider suggestions.
With respect to
justifying the primary outcome we believe this justification is provided in the introduction and literature
review. We agree that the Routine Outcome Measure section of the Secondary Outcomes [now point
(4)] was unclear and have revised this (page 13).

(6) Data Analysis
• The section is just discussion about the data analysis tools and techniques (Table 2).
• There must be data analysis presentation in the section justifying (Table 2).
• This section must be improved with statistical representations.
RESPONSE: This paper reports the protocol for a research study which has not yet commenced. As
such, there are no data or statistical analyses to report. This section reports our intended approach to
analysing the data once they are acquired.

(7) Discussion
• This section is providing the information from the research, but the lack of statistical values in
discussion reduces the acceptance.
• The section needs more elaboration.
RESPONSE: As per the previous point. There are no data or statistical analyses to report, as the
research has not commenced.
Limitations and Future Research Directions

• Limitations are very common but acceptable as it is the reality of research.
• The future research plan looks interesting.

RESPONSE: We thank the Reviewer for these positive comments.

References

• There must be addition of many new references.
• Most of the references need to update with mixed study from many country studies.

RESPONSE: We have conducted an additional literature review and cited Scholle et al. (2021)* in the Introduction section. Scholle’s study also used population scale prescribing claims data for ADHD medication, as we propose to do, but in a German sample rather than an Australian sample. We would be pleased to consider any additional specific citations the Reviewer believes would enhance the paper.


VERSION 2 – REVIEW

REVIEWER
Geissler, Julia
Univ Hosp Wurzburg

REVIEW RETURNED
02-Nov-2022

GENERAL COMMENTS
Thank you for your thorough revision. The manuscript is now overall much clearer and more accessible to international readers.