

Dear Reviewer.

Thank you for taking the time to give your detailed , valuable and academically educational comments . This is much appreciated when improving the manuscript and we have taken all your comments into consideration when resubmitting the document with the following changes.

Major points

1. “AP was defined as a serum amylase level above three times the upper limit of normal (amylase > 200 IU/ml) OR a CTscan showing peripancreatic inflammation with or without pancreatic necrosis.” However, the diagnosis of AP is usually made by fulfilling two of the following three criteria: (a) acute onset of persistent, severe epigastric pain, (b) amylase elevation beyond three times the upper limit of normal, (c) characteristic imaging features on CT, MRI or US.

In addition, the classification of AP is rather odd and is based on C-reactive protein concentration and contrast-

enhanced CT. This is inappropriate. Patients should be grouped according to the revised Atlanta criteria (mild, moderate or severe AP) depending on the presence and duration of organ failure (Banks et al., Gut 2013).

This is a very valid point. This study was conducted prior to the publication by Gut et al, however, all factors such as organ failure and co-morbidities were registered in the database so that we have now made an amendment to include this classification of severity as you have suggested.

2. The duration of the prospective study is unclear. In the abstract. January to September is stated. in the methods. January to July. Were non-prescribed medications evaluated in the study?

Thank you for your comments. This has now been specified. Originally the study was planned as a 6 month prospective study, however, this was extended with two months in order to increase patient numbers. The corrections have been made in order to clarify this. Non prescribed/over the counter medications were sporadically registered and were therefore not included due to the expected inaccuracies. This is a limitation that has also stated.

3. The discussion is rather long and lacks focus on drug-induced AP. Please **compare your findings to that of others**

Thank you for your comments, the corrections have been made.

4. Tables. In Tables 1, 2 and 6. decimals should be indicated by periods and not commas; p values of previous pancreatitis and patients with CT should be indicated as $p < 0.001$). In Table 1. pancreatitis severity is certainly overestimated by using CRP concentration. Systemic complications sound better than general complications. In Table 2. what does "pat" mean? In Table 4. in the bile stone group methotrexate is missing the n number. amipril and Simvastatin are written twice rather than stating $n=2$; in the bile stone or alcohol group. oestradiol is written twice rather than stating $n=2$; hypertriglyceridemia is missing an "a"; in the medication group. n number for venlafaksin. Ramipril is missing. In Tables 4-

6. the spelling of the following drugs is incorrect in some cases: venlafaksin. metotrexat. ciklos

porin. ...-hydroklor-

tiazid). Table 5 is rather redundant and basically repeats the data stated in Table 4. which is inappropriate. Note that total n numbers are different in Tables 4 and 5 (34 vs. 21+6+6=33). In Table 6. I don't see the point of giving number of users in Norway. per 1000. or per 500.000 as these data are redundant. I think that the first two can be omitted. Also in Table 6. hypertriglyceridemia is written without "a" in two places.

Minor points

1. I could see the tracked changes and comments of authors.

2. In numerous places spaces are missing (e.g. on page 3 in 10-

20%. revealed.Many; on page 5 Table3; in Table 4: divisum(n=2)). Note that revealed is spelled incorrectly (reveiled).

Thank you for you comments, the corrections have been made.

3. Materials and Methods should be changed to Patients and Methods.

Thank you for you comments, the corrections have been made.

4. In the abstract. the third sentence is incomplete: ...and their possible etiological...

Thank you for you comments, the corrections have been made.

5. References. PMIDs are missing. The journal name of ref. 16 is not abbreviated. Ref. 27 is not e-pub anymore. please correct. Ref. 14: Majumder S1?

Thank you for you comments, the corrections have been made.

6. Abbreviations should be defined when first used (e.g. ASA. US. CT. MRI) and use the consistently throughout the paper.

Thank you for your comments, the corrections have been made.

7. The manuscript would benefit from revision of linguistics and checking for typos (e.g. certain. pancreatitis. authors. Europa. hypertriglyceridemi).

Thank you for your comments, the corrections have been made.