Author's response to reviews

Title: Community-based study of the prevalence of essential tremor in urban Lagos, Nigeria - a door-to-door study

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RESPONSE TO REVIEWERS COMMENTS

We thank the reviewers for their most recent comments and hope that these final responses will be satisfactory.

REVIEWER 1
Major Compulsory Revisions:
The findings summarized in Figure 2 (flow chart) have now been placed in the Results section as pointed out by the reviewer (and referred to in the opening paragraph of the Results section).

REVIEWER 2
Discretionary revisions
The limitation regarding head tremors has been acknowledged in the manuscript. Regarding the paragraph in the background section, since this review is at the discretion of the authors, we would rather retain the paragraph as it is.

REVIEWER 3
Minor essential revisions
1. The typographical error on p5 line 4 has been corrected ("onto" replacing "unto")
2. As corrected by the reviewer, Tanzania is indeed in east Africa. This correction has been made on pages 4 and 11 respectively.
3. The Table (1) has now been placed in the main body of the text.
4. The details are unfortunately not available. From memory however, they definitely weren’t a noticeable number of PD cases in the population.
5. We doubt that there is any significant survival issue specifically relating to ET here. We postulate that milder cases of ET are indeed more likely in a community-based rather than a hospital-based study, and are also less likely to present for medical care, both as a result of less interference with their normal functioning and activities of daily living, as well as, possibly, issues with awareness of options for treatment and access to care. We now include a comment regarding this in the discussion.
6. In clinical practice we do occasionally encounter ET cases with a ‘rest’ component. Sometimes (but not in all instances), with closer observation, the ‘rest’ tremor does appear to be more of a postural tremor that diminishes with repositioning of the hands. A much smaller proportion are rarely seen with combined ET – PD phenotype, typically with a distinctive, coarser, slower, rest component, and other parkinsonian features such as bradykinesia and leadpipe rigidity. Again, the numbers
encountered in this study are small, and we do not claim to be describing the entire clinical phenotype of ET, which would require much larger numbers. We have not included this concept in the present study.

7. We cannot postulate on the reason for this proportion with a family history. We doubt that there is an ET-related survival issue here, and although average life expectancy is lower in many African countries including Nigeria (in the mid to late 40’s), familial ET tends to start earlier than that age. It is entirely plausible that undiagnosed ET and recall bias would contribute to lower reported family history. A comment on this latter aspect is now included in the discussion.

8. We agree that if a person is not aware of his or her tremors, then such persons would naturally have inadvertently screened negative in stage 1 and this would not be germane to our study, but would occur in any study using an initial screening instrument. Limitations on the population screenable by a direct face to face interview were the reason for utilizing this method. We now re-emphasize this limitation in the discussion.