Author's response to reviews

Title: Awareness of cataract and glaucoma in a population of Nepal: Bhaktapur Glaucoma Study

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Author's response to reviews: see over
We would like to thank reviewer Yvonne Buys for reviewing our manuscript. We have tried our level best to address all points in our revised manuscript. All answers have been highlighted in yellow in the manuscript.

**Manuscript 1: Awareness of cataract and glaucoma in a Nepalese Population**

**Major compulsory revisions:**

1. This has been addressed
2. This has been addressed
3. Copy of the questionnaire has been included
4. We have deleted this statement.

**Minor compulsory revisions:**

5. Changes have been made in the table and a new table number ‘6’ has been assigned.
6. Bold lines have been added to the table to mark the separations.

**Discretionary revisions:**

7. This paragraph has been shifted to the discussion.
8. Regarding the 2\textsuperscript{nd} paragraph: We agree with the reviewer’s suggestion. However, since we have been asked to merge the 2 papers into one, we have included this paragraph in the manuscript for readers to have a comprehensive understanding of the paper.
9. The order of discussion has been rewritten after merging the two papers to address discussions on visual impairment as well as awareness. Regional data on awareness has been included in the introduction of the manuscript. The significance of gender and literacy has been mentioned in the results and the sentences rephrased in the discussion.
10. The reference for the Brahmin and Chhetri castes being more affluent and literate has been included.
Manuscript 2: Prevalence of visual impairment and cataract surgery in Bhaktapur district of Kathmandu valley in Nepal: the Bhaktapur Glaucoma Study

Major compulsory revisions:

1. Shaffers system of grading of angle by gonioscopy has been added.

2. We agree with the reviewer however we humbly request you to accept this definition in our manuscript. This is because the following population based studies conducted in different populations of Nepal have adopted the same definition. These are


   This definition (although not perfect) will help us compare our results to findings from different populations in our country.

3. In the discussion we have added reasons such as:
a) Refusals to participate even though contacted twice.

b) The number of deaths during the study.

The total sample size was 4758. All of them were included in the study however only 3979 participated and attended the hospital for a comprehensive eye exam.

4. ‘P’ values have been added in table 2

5. In table 3, only bilateral blindness has been added and the separation into either eye and both eyes have been removed.

Minor compulsory revisions:

1. Spaces have been added before the brackets. A space has been added after the first sentence in the second paragraph under prevalence and causes of visual impairment.

2. PCO has been defined in table 4.

Discretionary revisions:

We have used this phrase ‘cataracts surgical coverage’ in our abstract as this has previously been used in the abstracts of the following publications: These are:


We would like to thank reviewer Rajull Parikh for reviewing our manuscript. We have addressed all points suggested by the reviewer in our revised manuscript.

**Manuscript 1: Awareness of cataract and glaucoma in a Nepalese Population**

As suggested we have included the awareness questionnaire as a table.

**Manuscript 2: Prevalence of visual impairment and cataract surgery in Bhaktapur district of Kathmandu valley in Nepal: the Bhaktapur Glaucoma Study**
We would like to thank reviewer Mingguang He for reviewing our manuscript. We have tried our level best to address all points in our revised manuscript.

Answers to reviewer’s questions: All answers have been highlighted in green in the manuscript.

1. Sampling: The sampling method, frame, cluster have been more clearly described

2. VA: The brand name has been added. The measurements were based on monocular measurements.

3. Definition: The visual field testing was done for all the subjects who were glaucoma subjects and with diseases such as glaucoma, optic atrophy and retinitis pigmentosa.
4. Bhaktapur district has both rural and urban settings. We were not able to stratify to study rural and urban areas separately. Thus we aren’t able to compare with other urban or rural studies conducted elsewhere. However we have added in the discussion that it may be possible to compare our results to the other two districts within Kathmandu valley that share similar socioeconomic conditions and geographic terrain. With the availability of eye services in the other two districts, the prevalence of VI could in fact be lower. However, further population based studies are required to confirm this statement.