Author's response to reviews

Title: Comparison of the Monocular Humphrey Visual Field and the Binocular Humphrey Esterman Visual Field Test for Driver Licensing in Patients with Glaucoma in Sweden.

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Author's response to reviews: see over
To: The BMC Ophthalmology Journal
Editor-in-Chief
Jigisha Patel

Dear Sir,

Please find enclosed the manuscript entitled “Comparison of the Monocular Humphrey Visual Field and the Binocular Humphrey Esterman Visual Field Test for Driver Licensing in Glaucoma Subjects in Sweden”. The manuscript has been revised according to the suggestions of the reviewer. A new figure has been added. Please give my thanks to Sherry Bass for improving the quality of my manuscript and very nice comments. I hope the manuscript can be now accepted for publication.

Sincerely

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Point-by-point answer to the reviewers

Reviewer 1:

“This is a very simple study, but very clear. I do not know the traffic rules in Sweden, however also in my country, we have the same problem that it does not exist a clear rule on what to do. The results are obvious: the visual field done with two eyes is better and easier than one eye visual field, but it could be useful for the each national transport agency. Does the Swedish transport agency require a reliable visual field or not?”

Answer:

I totally agree with the reviewer, the article just showed something in certain way obvious that visual fields with both eyes are easier than with one eye. The main issue is that according to the regulations seem that binocular and monocular test are equal and the ophthalmologist is the one who decides which method to use. The regulations of the Swedish Transport agency say nothing about the reliability of the visual fields. A sentence has been added in the background section (page 4) regarding this issue.

Reviewer 2

1. The author states that 16 subjects passed both tests but in the Methods section, that author states that all patients had previously presented with glaucomatous field loss. Were the fields only performed once in his study or were they repeated. How does the author account for this discrepancy?

Answer: All included subjects showed glaucoma visual fields and have performed visual fields tests at least three times before inclusion. The included subjects were common glaucoma patients attending our glaucoma clinic at the Hospital. The subjects performed visual field once when they were included in the study. A new sentence in the methods section, first paragraph was added for making the point clearer for the reader.

2. The author defines that POAG was diagnosed based on the appearance of the optic disc. Was that the only criteria? What about the retinal nerve fiber layer? What about the IOP?

Answer: No, this was not the only criteria, nerve fiber layer was measured with HRT version 3 in all patients and showed glaucoma according to the Moorfields Regression Analysis. This has now been added in the method section.
Regarding IOP, all included subjects were on medical treatment and the IOP was below 21 mmHg when the subjects were included in the study. A new sentence was added.

3. Did the patients who passed the HVF have an earlier stage of glaucoma?

Answer: Yes. This was explained in the results “(Subjects who passed the test using HVF showed an average MD= -7.79 (SD=3.24)”.

4. The 8 subjects who failed the HVF but passed the HEVF—what stage of glaucoma did they have and did they all have the same stage? Early? Moderate, etc.

Answer: a very good question. They have a moderate glaucoma, the results section has been changed for better understanding.

5. There are many errors in sentence structure and English grammar—the editor can review.

Answer: I agree, the manuscript has been revised by a professional proof-reading company. I attached a certificate.

6. Be consistent with the use of the word subjects vs. patients. The author should refer to them as subjects, not patients.

Answer: I agree, the text has been changed to “subjects”.

7. a) How can a loss in a portion of the nasal field affect driving? Driving requires a temporal field. Loss of the nasal field in one eye due to glaucoma would be compensated for by the normal temporal field of the fellow eye. The subject in Figure 1 and 2 had arcuate nasal loss, yet passed the HEVF. Would this subject be expected to have difficulty driving because of his field loss and why? 

b) The author should reference studies that demonstrate how glaucomatous field loss affects driving and if his subjects had the degree of field loss which would be expected to affect driving.

c) Did any subjects who failed HVF and passed HEVF have advanced glaucomatous field loss?

Answer: a) I totally agree with the reviewer, nasal visual field defects would not affect driving in a similar way than temporal visual field defects will do. The point is that the Swedish regulations have not stated where the visual fields can be placed. It doesn’t matter if they are nasal or temporal. The issue is now included in the discussion part.

b) I agree, two new references are now included in the discussion.

c) No, no subject who failed HVF and passed HEVF has advanced glaucoma, a new sentence has been added in the results.

8. Of the 40 patients, what were the stages of glaucoma? Again, what were the disease characteristics of the patients who failed the HVF but passed the HEVF.

Answer: please see answer to point 4.
9. The author should expand the description of the "various types of field defects" and be more specific.

Answer: I agree, the sentence has been deleted.