Author's response to reviews

Title: Driving patterns in older adults with glaucoma

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Author's response to reviews: see over
To the editorial board:

We are submitting a newly revised version of our manuscript, “Driving patterns in older adults with glaucoma” for publication in *BMC Ophthalmology*. We appreciate the additional comments of our reviewers. Please see below for a point-by-point response to the concerns that were raised in the most recent review.

Sincerely,

Pradeep Y. Ramulu, MD MHS PhD
Corresponding author

**Point-by-point response to reviewers’ comments**

**Reviewer’s report**

**Title:** Driving patterns in older adults with glaucoma  
**Version:** 3  
**Date:** 12 November 2012  
**Reviewer:** David Crabb  

**Reviewer's report:**

The authors have covered the queries and it looks a very good paper.

I think there are a few things that need to be amended though:  
- They have not corrected "asses" in the conclusion of their abstract.  

A very important correction, which we have now made!
- A sentence starting at the bottom of page 3 and finishing at the top of page 4 (in the section beginning "Evaluation of Driving Habits") - I’d suggest they write "with additional questions from other questionnaires in the Salisbury Eye Evaluation" instead of what they currently have.

We have changed this section along the lines suggested. It now reads: “Driving habits were evaluated with an interviewer-administered questionnaire taken from the Salisbury Eye Evaluation Driving Study (SEEDS), which added additional questions to other questionnaires previously used in the Salisbury Eye Evaluation.”

- Though I am happy authors rounded the %s to whole numbers in Table 2, they should probably mention that they have done so somewhere in the table heading or below the table.

This is now mentioned in the footnotes beneath the table.

- Lastly, I'm not convinced entirely by the authors handling of one of the two requested additional sections in the discussion. In describing other ways that driving performance were assessed they briefly discussed the advantages and disadvantages of their approach over "Other studies [that]... used simulators and direct on-road evaluation to assess the impact of glaucoma on driving", which I was satisfied with.

We have kept this portion unchanged, and have altered the section below as suggested by Dr. Crabb.

I think this section in the discussion requires revision.

"Finally, while binocular VF loss may seem to be more relevant to function, it is not easily calculated in clinic and previous data has shown that it does not predict different outcomes with regards to driving cessation (Arora, under submission, 2012) or fitness to drive [29] than better-eye VF MD. Therefore, better-eye VF MD (easily calculated from a pair of VF printouts) was instead chosen to express disease severity." I am unaware of the Arora et al paper and I don’t think it should be cited unless it has been published? But perhaps that is a question for the editor?

As the Arora manuscript has not been accepted for publication, we have removed it from the references, and removed direct reference to the ideas put forth in this manuscript under review.

Also I’m not sure [29] has been discussed correctly here? At the very least, for [29] it should say "with regards to driving cessation or legal fitness to drive in the UK" instead of implying that BEMD was actually tested against fitness to drive.

We have clarified that this paper refers to the legal standard for driving, and not actual driving fitness or the decision to stop driving.

Furthermore, I think this paragraph should ideally be mentioning methods of binocular VF measures and discussing their merits and flaws a bit more in relation to fitness to drive. For instance, it is worth mentioning that (certainly in patients with advanced
VF defects) it has already been shown twice (Nelson-Quigg 2001 and Asoaka 2011) that using the BEMD yields overly pessimistic estimates for the binocular VF as a limitation of the study. I’d like to see these references added.

We have added these references, and discussed that about 1 in 4 patients will have a 2 dB difference in better-eye and integrated VF MD, and discussed that this could possibly have changed our results as a limitation.