Author's response to reviews

Title: Impact of Epiphora on Vision-Related Quality of Life

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Author’s response to referee 1:

1) There are increasing evidence that tear and ocular surface diseases dramatically degrade both the quality of vision and quality of life, further impacting on daily activities. It is one of the reasons why this paper is pertinent. Please better explain that point at the beginning of the discussion, and add references (Denoyer A et al, Ophthalmology 2012; Rieger et al. BJO 1992; Deschamps et al. Am J Ophthalmol 2013; Owsley et al, Vision Res 2010)

Ł At the beginning of the discussion, we included more explanation regarding the association between ocular surface diseases and vision-related quality of life. We also included additional references according to your modification.

2) Please better discuss why the authors did not use a dedicated and validated questionnaire of Qol, since it could be an issue for the interpretation of the results. (see and add Vitale et al., Health Qual life 2004)

Ł In the original article, we mentioned the need to simplify the questionnaire.

Based on suggestions from the reviewer, we explained this point more clearly.

(9-7 – 9-9)

Ł We also inserted it as the limitation at the end of discussion. (10-9 – 10-11)

3) Last, it could be valuable to underline that the present results could help to improve the overall therapeutic strategy and surgical management by taking into account the patient-reported degradation in Qol for the medical/surgical indication.

Ł We included your felicitous comments in the conclusion. Thank you for your suggestions. (12-18 – 13-1)
Author's response to referee 2:

1. Many causes can affect vision-related quality of life apart from epiphora. The author only mention the inclusion criteria. What about exclusion criteria?

   We mentioned the exclusion criteria (5-19 – 6-2).

2. The most commonly used questionnaire to assess vision-related quality of life is NEI VFQ-25 or VFQ-39. For ocular disorders, OSDI is a disorder-specific questionnaire. But the authors do not choose these questionnaires. Why? I notice that in the Discussion part, the authors themselves also mentioned two commonly-used questionnaires in dry eye study. But they don't provide the disadvantages of already-existing questionnaire, and the advantages of the questionnaire they used.

   We mentioned the need to simplify the questionnaire in previous version and we explained this point more clearly (9-7-9-9).

   We also mentioned the fact as the limitation at the end of the discussion (10-9 – 10-11).

3. The authors mentioned that the questionnaire was designed referring to OSDI. There are two concerns. First, this content should be placed in the Methods rather than Discussion. Second, do the authors perform a pilot study to validate the questionnaire and its alteration from OSDI before application? If not, the authors should cite the reference in which the questionnaire had been used and validated.

   We moved the content to the method sections, according to your comments. We slightly modified the OSDI with our scale. We think that the OSDI has already proven its superiority. We only simplified its items. We also mentioned the lack of validation as the limitation at the end of the discussion (10-9-10-11).

4. How do the authors perform the measurement of tear meniscus height? Please provide detailed information about it.

   We mentioned the detail methods regarding TMH (6-11 – 6-13).

5. How to calculate the score for the questionnaire? Average score or total score? The process of calculation should be clarified.
6. The paragraph after statistical analysis in the Methods should be moved to the beginning of Methods part. And the repeated information in this paragraph should be deleted.

We moved the paragraph and deleted redundant parts (5-11 – 5-15).

7. The gender distribution is uneven in the study. It might cause bias to the result especially the comparison between genders.

9. Some questions have very low response rate. How to resolve the possible bias?

We used a non-parametric method in our study. However, this is a limitation to our study, which we mentioned in the discussion (12-6 – 12-9).

8. What’s the criterion to define "Increased tear meniscus height" and "Low-to-normal tear meniscus height?"

We defined the criteria (Table 1).

10. The age range is very large in this survey. How do the old participants complete this self-administered questionnaire? Does anyone else give them help? The authors should clarify.

We clarify it, as per your suggestion (6-10 – 6-11).

11. There are many grammatical errors in the manuscript. The authors should perform careful proofreading.

The manuscript was edited by a native English speaker with scientific expertise. Finally we thank you for your felicitous and detailed comments.