Author's response to reviews

Title: Impact of juvenile idiopathic arthritis on schooling

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Version: 4 Date: 26 November 2012

Author's response to reviews: see over
Letter to the Editor of Rheumatology international,

Dear Sir,

Please find attached the revised version of an article we are proposing for publication, entitled “Impact of juvenile idiopathic arthritis on schooling”. Authors Bouaddi I et al, Editorial manuscript number: MS: 1090093482758296

We wish to thank you and the reviewers for your interest in our manuscript.

We hereby confirm that the article has not been published and is not under consideration for publication elsewhere. There were no financial support or other benefits from commercial sources for the work reported on in the manuscript, or any other financial interests that any of the authors may have, which could create a potential conflict of interest or the appearance of a conflict of interest with regard to the work.

The manuscript has been read and approved by all authors.

Best regards,

Ilham Bouaddi, corresponding author

Reviewer 1:

Major compulsory revisions

1. In case case-control study, it is essential that the two groups (cases and controls) be highly similar, but for the disease status, in the case JIA. Thus, the characteristics of the controls should have been included in Table 1, for comparison purposes. In particular, it appears that having an illiterate mother was a major risk factor for school failure; the percentage of children in both groups (JIA patients and controls) with illiterate mothers should have been included in Table 1.
Author’s response

We wish to thank the reviewer for his interest.

The characteristics of the controls were included in Table 1.

Illiterate mothers were not assessed in case controls.

2. Along the same lines, it seems odd that several of the children with JIA were illiterate, but none of the controls. Unless this is a consequence of the disease itself, this needs to be addressed. Please provide additional information on the illiterate children. It is known whether they were always illiterate, or is this thought to be a consequence of the disease (e.g. from uveitis?) Were any of the controls illiterate?

Author’s response

We wish to thank the reviewer for his interest. Additional information on the illiterate children was added. No control was illiterate.

“Sixty-seven percent of JIA patients were able to attend school while 12% had to stop their schooling and 21% were illiterate because of their illness”

Minor essential revisions

1. Presumably, the authors set age cut-offs for this study; i.e. the child would have had to be at least age 5 or 6, since younger children wouldn't be expected to be in school. This should be spelled out in the materials section, for both cases and controls.

Author’s response

We wish to thank the reviewer for his interest. Additional information was added.

Material and methods

Our study group included 33 children with JIA who met the classification criteria set by the International League of Associations for Rheumatology (ILAR) [14]. These children were patients of the Departments of Rheumatology and/or Pediatrics of the University Hospital of Rabat-Salé. Both departments carried out this cross-sectional study. Any patient with a chronic disease, in addition to JIA, that would influence the child’s schooling was excluded. Children (patients and controls) less than 5 years were not included because these younger children wouldn't be expected to be in school.
2. Materials, bottom of 2nd paragraph. "The most common being nonsteroidsal anti-inflammatory drugs, corticosteroid..." This sentence belongs in the results section.

Author’s response

We wish to thank the reviewer for his interest. You’re right, the sentence was removed.

"Medications used for JIA treatment were documented."

3. Results, characteristics of the study patients. The first sentence makes it sound like they only included males. They might rephrase as, "33 patients with JIA were included, of whom 18 (54%) were male."

Author’s response

We wish to thank the reviewer for his interest. The sentence was corrected.

Characteristics of the study patients

33 patients with JIA were included, of whom 18 (54%) were male in this cross-sectional study.

4. Discussion, first paragraph, line 4. The word "ad" should be included, to make it "such as JIA."

5. Discussion, second paragraph, line 2. Please replace "a" with "per", to make school days per year.

6. Discussion, second paragraph, line 2. The authors discuss the study by Sturje et al., but did not cite it here, as they did elsewhere.

Author’s response

We wish to thank the reviewer for his interest. Sentences were corrected

7. Discussion, second paragraph, line 11. The authors state that the authors of reference # 26 "assessed the effects of absenteeism on cognitive skillis index and various achievement indicators;” please also summarize the findings.

Author’s response

We wish to thank the reviewer for his interest. The results were added.

A study of boys with hemophilia/HIV disease conducted by Indiana State University assessed the effects of absenteeism on cognitive skills index and various achievement indicators and found that Hemophilia may be a risk factor for academic underachievement.

8. Discussion, third paragraph, line 4. The word "complete" can be omitted.

Author’s response
9. Table 1. In the subtypes section, the number of patients sums to 40, yet only 33 were included.
10. Table 1. The BASDAI was only given to children with juvenile spondyloarthritis, and only one child had ERA. How is there a median and a range?
11. Table 1. Please re-write 1.61 and 2.75 as 1.61 and 2.75, respectively.
12. Table 2. Please clarify what B and IC stand for.

Author’s response

We wish to thank the reviewer for his interest. Correction was effected.

Discretionary revisions

1. I would suggest revising the discussion to spend less time discussing the association of absenteeism with chronic illnesses (which is also mentioned in the introduction) and more time speculating on the reason for the link between JIA and school absenteeism. Is it due to difficulty grasping a writing implement (as the authors suggest), difficulty walking between classes, pain, stiffness, depression?

Author’s response

We wish to thank the reviewer for his interest. The cause of absenteeism reported by children or their parents was the disease. The other factors were not studied.

2. The information in Figures 1 and 2 does not require a Figure and may be summarized in the text.

Author’s response

We wish to thank the reviewer for his interest. A figure 2 was summarized in the text. “81% of children, who had failed in their schooling, their moms were illiterate. The failure of children in school was significantly linked to illiterate mothers (p=0.001).”

Reviewer 2:

Minor essential's revision:

1. There are some results that are only found in the discussion and not evoked in material and method and in the results: school level of parents. because it is a factor very important to analyse data

2. Data that are discussed have to be cited in the results first, even there are negative
A table with the results of all the factors completed would be helpful
Author’s response

We wish to thank the reviewer for his interest. Modifications were added.

3. There is no comparison between patient and healthy controls, a table with comparison of social and demographic data of patients and controls would be helpful.

Author’s response

We wish to thank the reviewer for his interest.

The characteristics of the controls were included in Table 1.

Discretionary revisions

1. There are no data about the environment of the children, if they live in the city or in the country. Thus the controls are not appearing in these data

Author’s response

We wish to thank the reviewer for his interest. Children were from the region of Rabat Sale.

2. There is no commentary about biotherapy, even they could be done in this country for economic reason. There is no suggestion about the benefit that they could provide and the school repercussion. Writing in this way could give argumentation to use these drugs in developing countries

Author’s response

We wish to thank the reviewer for his interest. No patient received biotherapy. This is due to the lack of social security and in Morocco, only infliximab is reimbursable.

3. There is no information about the treatment and the disease of children that have absenteeism/schooling failure or school stop. It could be informative to know if the treatment is optimal.

Author’s response

We wish to thank the reviewer for his interest. There was no association between the different treatments and absenteeism. The result was included in Table 2.
Reviewer 3:

**Major Compulsory Revisions:**

1. there are not socio-demographic characteristics of control group

**Author’s response**

We wish to thank the reviewer for his interest. Socio-demographic characteristics of control group were added in table 1

2. it is not specified which questionnaire is used to assess the patient pain and global disease activity

**Author’s response**

We wish to thank the reviewer for his interest. Collected data included age, sex, subtype of JIA, disease duration and level of disability according to the Childhood Heath Assessment Questionnaire (CHAQ) (translated and certified in Arabic) [15]. Health status was evaluated by collecting the patient’s assessment of pain by [visual analogue scale (VAS) 0-10 cm].

3. in the article it comes school performance but are not used tools in this regard if not the failure and school dropout;

**Author’s response**

We wish to thank the reviewer for his interest. There is no specific questionnaire used to assess school.

4. there is no correlation between failure of children in the school and gender or socio-economic status;

**Author’s response**

We wish to thank the reviewer for his interest. There were no association between school failure and sex (p = 1.6). The result was added. We didn't study socio-economic status of children.

5. It is surprising that in the controls there is a zero percentage of schooling failure: which parameters are used for the frequency or failure of school?

**Author’s response**

We wish to thank the reviewer for his interest. This may be due to the small sample size or the selection bias.

6. How many illiterate mothers are in the control group? Why there is the correlation only for in the patients group?
We wish to thank the reviewer for his interest. We didn't study illiterate mothers in control group.

7. Other studies are cited in the discussion: why there is a discrepancy in the mean school attendance?

We wish to thank the reviewer for his interest. The difference between our results and those of other studies may be due to our country is a country under development and the income of parents is different compared to other countries. It can be also explained by the lack of social security.

Discretionary Revisions:

1. Missing a description of the schooling system in Morocco.

We wish to thank the reviewer for his interest. The description was added in the introduction.

“The Moroccan educational system consists of three sub-systems: subsystem school with preschool, primary, secondary and post secondary, the subsystem of higher education and the subsystem of Literacy and Non-formal Education.”