Reviewer's report

Title: Parents' perceptions of the quality-of-life impact of childhood atopic dermatitis disease states

Version: 1 Date: 1 June 2004

Reviewer: (Margaret) Sue Lewis-Jones

Reviewer's report:

General
This is an interesting study concerning Parent's perceptions of the Quality-of-life impact of childhood atopic dermatitis of varying severity and provides new data on health-state preference ratings. One general comment would be that it is difficult for the average reader to understand the methodology and results unless they have prior knowledge of health-state utility measures. I think that it would be good to have a clearer description and to publish an illustrated example from the preference assessment instrument.

My main criticism is that I think that the background is sketchy. Some relevant papers on parental views on atopic dermatitis were not mentioned at all. In particular, the work by Dr Val Lawson, a clinical psychologist, published as the Dermatitis Family Index. This specifically addresses problems encountered in the family as a result of having a child with atopic dermatitis. The family impact of childhood atopic dermatitis: the Dermatitis Family Impact questionnaire. Lawson V, Lewis-Jones M S, Finlay A Y, Reid P and Owens R G. Br J Dermatol 1998; 138: 107-113 (to declare interest- this was work undertaken in my department using a grant from the National Eczema Society in the UK).

There are also a number of other background references which I think are relevant to the background when discussing Quality of Life in childhood atopic eczema
Sleep disturbance in preschoolers with atopic eczema

Under Methods page 4: Comment -I would have preferred a panel of paediatricians and Paediatric dermatologists to review the scenarios for validity and realism.

Under Survey Administration page 4: Recruitment of participants over the internet- how was the diagnosis of atopic dermatitis established? Another criticism of the whole survey is selection bias, which the authors do allude to. The participants are from a highly selected, predominately ‘white’ and higher social class group, which limits the use of these health state preferences when applying them to the population as a whole. There was also a financial incentive to complete the forms, which may have acted as a further bias.

Under Results p 7 I was not clear from the text whether or not the parents’ had rated the eczema severity of their child by using the pictorial scenarios? If not, then labelling severity according to parents’ beliefs is unlikely to correlate with actual clinical severity in many cases.
Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Inclusion of other relevant literature (see above) in background
Inclusion of one scenario and a more detailed explanation of health-state preference ratings.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Under Table 1: where is the variable labelled ÷÷ with 149 missing responses? I could not find it.

Discretionary Revisions (which the author can choose to ignore)

See above text.

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: No

Declaration of competing interests:

I have had minor funding from Novartis to attend International Dermatology Meetings and support for an annual Paediatric course which I hold.

Use of the Quality of Life questionnaires the Dermatitis Family Impact and the Infant’s Dermatitis Quality of Life questionnaire is copyright and subject to a fee when used in pharmaceutically funded studies, but not for unfunded research.