Author's response to reviews

Title: Self-rated Health and Factors Influencing Responses among Young Egyptian Type 1 Diabetes Patients

Authors:

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Author's response to reviews: see over
Dear Dr. Du,

I would like to thank the reviewers for their careful second review of my manuscript and their feedback. I am pleased to re-submit my manuscript. Included are my responses to the reviewers, along with additional changes made to the manuscript. I hope that the manuscript is now acceptable for publication in BioMed Central.

Thanks for your time.

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Reviewer 1:
The paper is certainly improved.

We would like to thank the reviewer for this encouraging comment.

Reviewer’s comments:

- The methods section is now very long and not very conveniently organized. Please consider dividing the results section into a 'study population', 'data collection' and perhaps a separate paragraph for the SRH measure (e.g. named 'questionnaire', including the exercise question). Also consider to list the description of the study population (e.g. age) in the results section. The grouping of the patients might be better suited under '(statistical) analysis'.

We thank the reviewer for making this point; all the above recommendations/changes have been made and underlined in the manuscript.

- I still wonder why regression is based on the dichotomous outcome (thereby losing data), I feel that this is a missed opportunity.

We agree with the reviewers that although some information may be lost with dichotomization, however, our main aim was to compare and contrast both ends of the spectrum by using the intensity sampling method (16). In addition, in dichotomizing categorical data, as opposed to quantitative data, there is minimum loss of information and, in fact, a gain in statistical power (Donner & Eliasziw, 1994). Also, the main, and I personally believe most important, advantage of dichotomization is that it greatly simplifies the presentation of results and produces
meaningful findings that are easily understandable to a wide audience, especially practitioners who have minimal statistical knowledge. This subsequently enables practitioners to easily identify risk behavior and target high risk groups.


- I would suggest to add some references to the discussion about SRH versus more complex HRQOL measures on page 13.

We thank the reviewer for this recommendation, references have been subsequently added.
Reviewer 2:

Again we would like to thank this reviewer for the careful review of the revised manuscript and suggestions.

Reviewer’s comments:

Discretionary Revisions

Discussion, third paragraph, last sentence: “Being our population……among our subjects.” Should read “Our population consists mostly of the first two groups of residents, and this could also explain the overall increased activity level among our subjects.”

Discussion, fourth paragraph, line six: “……diabetic patients without taking such a class…” should read “diabetic patients who had never taken such a class”

Discussion, fifth paragraph, line 6: “… intensive treatment being the majority….” Should read “…..intensive treatment because the majority…..”

Methodological considerations, paragraph 1, last sentence: “ However, as …..were not asked.” Should read “However,……education level. Questions on income and education level were not asked since these are considered sensitive topics that could have discouraged our parents/patients from participating in the study.”

All the above discretionary revisions have been made and underlined in the manuscript; we thank the reviewer for the above suggestions.