Author's response to reviews

Title: Asthma Prevalence among 16- to 18-year-old Adolescents in Saudi Arabia Using the ISAAC Questionnaire

Authors:

Mohammed O Al Ghobain (alanezi@hotmail.com)
Mohamad S Al-Hajjaj (msalhajjaj@yahoo.com)
Mohamad S Al Moamary (almoamary@yahoo.com)

Version: 3 Date: 17 December 2011

Author's response to reviews: see over
Reviewer's report
Title: Asthma Prevalence among 16- to 18-year-old Adolescents in Saudi Arabia Using the ISAAC Questionnaire
Version: 2 Date: 1 November 2011
Reviewer: Pascal Chanez

Reviewer's report:
In the present paper, a south Arabia group of authors reported the epidemiology of asthma in adolescents in their country using the ISAAC validated questionnaire. They report a prevalence of 25% and new cases around 20%. They describe high incidence of exercise-induced asthma and a very frequent occurrence for rhinitis associated with asthma symptoms. It is a straightforward study and the ms is easy to read and well written.

I would like the present authors to consider and answer the following comments:
The present data have been obtained in a specific group of patients and should then discussed with findings obtained in the same age in various countries.

Thank you for this valid comments, We already did, however because the paucity of similar studies in this age group (16-18 years) in our region, we have to compare it to other age group (e.g 13-15 years old)

The present authors report that south Arabia findings are different from the Egypt data considering the access to health care providers in the two countries. Then they should compare with countries with the same kind of health care and money income as it was shown to change according to these parameters.

Thank you for this valid comments, we already compare it with similar and neighborhood countries with similar health care and income (references 10.11.12 and 13)

Other points:
The relation to triggers are not well reported: one will be interested to consider the impact of allergy, smoking, obesity etc. in this population and in south Arabia. The present authors are interested to link asthma and nasal symptoms but the season occurrence of both disease is not mentioned and should be reported in more details.

Thank you for this valid comment, theses are important points however, triggers and other associated factors are not part of ISACC questionnaire.
Our objectives were to study the prevalence of asthma not factors contributed to asthma control and severity
In fact, I am currently conducting different study addressing such factors

The specificity of the climate and the way of life in south Arabia “use of air conditioning “ during the childhood and its impact on the occurrence of asthma is
a potential interesting point to be discussed. This is interesting and valid point however we can not addressed in our study due to lack of data in our region regarding climate and air conditioning in relation to asthma. 
The gender difference tends to disappear in asthma at adolescence; the authors should discuss this point more carefully.
Thank you for this valid comment, we discussed the gender difference: Based on gender stratification, our study showed that boys reported more wheeze symptoms during the past 12 months, physician-diagnosed asthma, exercise-induced wheeze, and night cough compared to girls. This may be related to physiologic differences; however, cultural differences could influence behavior that may lead to over-reporting or under-reporting of symptoms in either sex.

It is difficult from the present study to consider the severity and control of the disease; some authors have tried to investigate the severity based on epidemiological questionnaire, perhaps the authors need to investigate their database to better classify their subjects with asthma.
Thank you for this valid comment, Severity and control are outside the scope of ISACC questionnaire and not part of our objectives, Asthma severity and control in our population already reported in other studies published somewhere else.

It is surprising to consider the results of the childhood ISAAC data and the present report, how the authors explain the global very clear increase in the subject reporting past or recent symptoms of asthma.
Thank you for this valid comment, this global increase can be explained by better awareness of asthma among public and better diagnostic tools as well as more scientific knowledge about the pathophysiology of the disease and environmental factors in the last 3 decades.

Is it possible for the authors to know if all the subjects were born in south Arabia? All students in our study are Saudi nationality.

Level of interest: An article of limited interest 
Quality of written English: Acceptable 
Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests: 
i declare that i have no competing interests
Reviewer's report

Title: Asthma Prevalence among 16- to 18-year-old Adolescents in Saudi Arabia Using the ISAAC Questionnaire
Version: 2 Date: 10 November 2011
Reviewer: ISABELLE VACHIER

Reviewer's report:
The major point regarding this study is that no written inform consent has been signed by the subject included.
The study is cross sectional study which has no invasive intervention.
Verbal consent was given by the students after we explained the purpose of the study and emphasized that the surveys would be anonymous and that the data would be kept confidential during handling and storage.
Moreover the oral information was given by medical students meaning that no PI was in charge of the subject’s recruitment and information.
PI and all investigators were supervising, attending, monitoring and recruiting students in the schools.
In order to have an idea of the real functional status of the subjects, it would have been interested to measure lung function when subject filled the ISAAC questionnaire.
This interesting and valid point, however, lung function is not part of ISAAC, moreover, normal lung function does not exclude asthma.
Questionnaire is the standard tool to for screening for asthma in epidemiological studies.
It is strongly recommended that the entire manuscript be critically assessed for style, grammar and usage.
The manuscript assessed and edited by editing service at King Abdullah international research center.

Level of interest: An article of insufficient interest to warrant publication in a scientific/medical journal
Quality of written English: Not suitable for publication unless extensively edited
Statistical review: No, the manuscript does not need to be seen by a statistician.