Author’s response to reviews

Title: Factors associated with dental and medical care attendance in UK resident Yemeni khat chewers: a cross sectional study

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Title: Factors associated with dental and medical care attendance in UK resident Yemeni khat chewers: a cross sectional study

Thank you for the valuable comments that have helped to strengthen the manuscript.

Responses to reviewer comments are as follows:

Q1. I don't like the double parentheses [(…..)] in the AIM and in methods' section. Try to rephrase.

Answer: The parentheses in the Aim and methods' section have been removed (bold red in the manuscript) and the sentences have been rephrased (bold red, Page 3, 4, 5)

Q2. In many places you use the form " mean/SD score (47.69 ±20.17)". in my opinion it is more pleasant to read if it is presented as " the mean score for ……..was 47.7(SD 20.2)"

Answer: Changes have been done in this manuscript (bold green, Page7, 8)

Q3. In Results (Aspects of oral and general health and health care attendance): no need to duplicate table 1 – numbers and percentages do not much exactly i.e :”Thirty eight percent of respondents reported ‘non symptomatic’ dental attendance, forty four percent ‘symptomatic’ dental attendance and 18% had never been to a dentist” while in the table the percentages are 38.2%, 44.1 and
17.6, respectively. I would keep only the information which is not in the table such as the mean number of conditions, distributions of problems, and refer for the table for the rest of data.

Answer: reviewer comments have been followed (bold blue, Page 8)

Q4. Also, the paragraph Bivariate and logistic regression results of factors associated with dental attendance is very unreadable. Too many numbers, which are hard to digest, even for those who understand the statistical figures (especially the MD,n,U,z which are less common in public health articles) . I would suggest preparing a cross tab for bivariate associations,(maybe for both dental and medical, to save space) before table 2 of the regression. Also something is not clear with the t and the brackets in the second row of this paragraph (also in the medical paragraph)

Answer: The report of the results of T-test and Mann Whitney test in this manuscript were simplified and only mean and median differences were reported. Other information that included the t, U,z were deleted (bold dark red). (Page 8, 9)

A cross tab (Table 2, Page 19) for a bivariate association for both dental and medical association is created in this revised manuscript as recommended by the reviewer

Amendments are also reported in manuscript (purple bold, page 9) for both dental and medical attendance.

Q5. If you stated in Methods that significance level threshold was 0.05 – you don’t have to write "... were significantly (p<0.05)" again in Results. Same for the "non-sig." afterwards.

Answer: Apart from tables, all the reports of significant and non-significant values in this revised manuscript were deleted.

Q6. "After controlling for age, increase in khat dependency levels was associated positively (p=0.004, OR=1.14, 95%CI= 1.04-1.25) with symptomatic dental attendance, whilst higher social participation reduced symptomatic dental
attendance (p=0.034, OR=0.98, 95%CI= 0.96-0.99)” (in Results, Bivariate and logistic regression results of factors associated with dental attendance):
The first association is well presented: "was associated…." While the second is mistakenly claiming that ". whilst higher social participation reduced symptomatic…." – again – it is only association, not a proof of a causative factor.
You may suggest, but only in the discussion, that according to the proposed model, the social participation leads to lower attendance (why? Any proposed psycho-social path?

Answer: ‘higher social participation reduced’, this sentence now replaced with ‘higher social participation associated negatively’ (bold aqua) in results. This amendment is applied as well in the abstract and discussion (bold light blue, Page 9, 10 and abstract).

Q7. (p=0.0005) (in few places) : <0.001 would be sufficient……

Answer: Changes has been undertaken throughout the whole manuscript and tables e.g Table 4 self-reported health conditions (dark green bold, page 21)

Q8. Table 2+3 : why only the significant p values of the 3rd model are bolded? Why not mark the significant factors in each model?

Answer: In this manuscript significant factors in Table 2, 3 and 4 in each model are bolded (bold black, Page 19,20,21 ).

Q9. Also – justification of numbers needs improvement, and C.I's in table 3 are not bracketed.

Answer: In this manuscript justification of numbers has been improved and C.I's are bracketed in all tables (Table 2, 3 and 4 Page 18,19,20).

Q10. "Tobacco smoking were not significantly associated…” was. No "were".

Unless you mean smokers.

Answer: The sentence was rephrased as follow: ‘Tobacco smoking and other factors such as marital status and English language proficiency were not significantly associated with reporting ‘symptomatic’ medical attendance’, (bold light green). (Page 9)

Q.11. "Accordingly, social participation seems to enable khat chewers to regulate
their khat chewing .....Social participation exposes khat chewers to a protective network that instills in them the value of non symptomatic attendance” .

(Discussion, 2nd para.): you cannot say it enables them or "That instills them"
Try more careful phrase such as : it may be suggested that..... Only qualitative research will let you clarify the reasons for that protective effect of social participation.

Answer: This has been rephrased as suggested by the reviewer, in discussion (bold black). (Page 10, 11 and page 12)

Q.12. " this may underestimate the validity of these study findings." (Discussion, limitations): the word underestimate seems wrong. It may lower, or weaken the validity.Try correct this.

Answer: The word underestimate in this manuscript is replaced with weaken, (bold olive green). (Page 12).

Q.13. "This study recruited khat chewers and there is no knowledge of the dental and medical attendance amongst non-chewers from this community" (Discussion, limitations): in my eyes, this limitation is the weakest part of the study, and it has to be addressed and discussed further. What is known about Yemeni community health attitudes and behaviors? Why didn't you choose a group of non chewers?

Answer: This has been addressed in the discussion (bold orange, Page 12) as follows.

‘The purposive sampling design adapted was aimed to comprehensively establish data for khat chewing and associated health related outcomes. Attitude and health behaviours amongst this community as whole (khat chewers and non khat chewers) await future investigation taking into consideration that accessing the Yemeni community is currently acknowledged as difficult in the absence of a sampling framework (Sheffield Hallam University, unpublished observation).’