Author’s response to reviews

Title: Tobacco use in older adults in Ghana: Sociodemographic characteristics, health risks and subjective wellbeing

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Author’s response to reviews: see over
Dear Editor,

Thank you for the comments on our manuscript ‘Tobacco use in older adults in Ghana: Sociodemographic characteristics, health risks and subjective wellbeing’. We are resubmitting the revised paper to your journal. We are thankful to the reviewers for the comments and suggestions aimed at making our paper richer for publication in your esteemed journal. We have revised the article according to the comments and suggestions by the reviewers. A major comment was the need to edit the general language. This has been seen to by one of the co-authors.

Responses to reviewers’ comments are as stated in a summary table below:

<table>
<thead>
<tr>
<th>Reviewers’ Comment</th>
<th>Author Response</th>
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</thead>
<tbody>
<tr>
<td><strong>Reviewer 1</strong></td>
<td>We agree with the reviewer on this and have included the 95% Confidence Intervals to all Adjusted Odds Ratios in the abstract and the text. Factors that are not significant by the 95% CI have been corrected.</td>
</tr>
<tr>
<td>1. Reviewer 1 noted that the authors presented Adjusted Odds Ratios without presenting the 95% Confidence Intervals and suggested that AORs be reported with the 95% CIs in the text.</td>
<td></td>
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</table>
### Abstract

2. Reviewer 1 noted that the abstract mentioned a small sample of persons 18 to 49 were interviewed, but data on this group was not presented. Suggested that the statement be left out.

   We agree with the reviewer and have removed the statement from the abstract in the revised manuscript.

3. Reviewer 1 mentioned that in the results of the abstract, the authors use the phrase “tobacco use” and need to clarify whether that is current, daily, ever, etc.

   The statement has been clarified in the abstract and now reads “Tobacco use (i.e ever used tobacco) was associated with older males…….”

4. Comment has been addressed in response to (1) above

5. Reviewer 1 had reservations on authors mentioning alcohol use as a significant correlate, but upon closer inspection of the p values, alcohol consumption was not significant.

   We noted the reservation and have corrected the first statement in the conclusion of the abstract. The statement now reads
   
   ‘Tobacco use among older adults in Ghana was associated with older men living in rural locations, chronic ill-health and reduced life satisfaction’.

### TEXT

6. Reviewer 1 noted that at the bottom of Page 3, the authors needed to change “older adult”, to “older adults”, and include an age description e.g. adults over age 50.

   The correction has been effected and the statement on page 3 of the revised manuscript reads

   ‘The goal is to describe the patterns of tobacco use among older adults (50 years and above) in Ghana by selected ….’

7. Reviewer 1 was concerned about the spelling of ‘ageing’ in the paper instead of ‘aging’

   The authors used ‘ageing’ in the paper in conformity with the term used by the World Health Organization regarding the Study on Global Ageing and Adult Health (SAGE); from which this analysis was done. We have agreed with the
reviewer and have used 'aging' throughout the manuscript except where it specifically refers to the Study on Global Ageing and Adult Health (SAGE).

| 8. Reviewer suggested a modification of the sentence on page 11 that begins with “The prevalence of...” to make the meaning more clear | We have modified the sentence as suggested. The modified sentences on page 11 of revised manuscript are:

‘The prevalence of tobacco consumption among older adult Ghanaians is relatively low compared to many middle- and higher- income countries [7-9]. However, the impact of tobacco use on older Ghanaians is sufficient to warrant national attention’.

<table>
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<th>Reviewer 2</th>
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<tr>
<td>Reviewer generally stated the article was of importance in its field but needed some language correction before publication.</td>
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</table>
| We acknowledge the observation made by the reviewer and the changes have been made by one of the co-authors.

<table>
<thead>
<tr>
<th>Reviewer 3</th>
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<tr>
<td>1 and 2: Reviewer 3 also recommended general language and grammar edits</td>
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| This has been addressed (as in response to comments by reviewer 2)

<table>
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<tr>
<th>Abstract</th>
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<tr>
<td>3a. Reviewer stated that the software used for analysis should not be included in methods of the abstract</td>
</tr>
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</table>
| This correction has been effected.

<table>
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<tr>
<th>b. That the conclusion as – ‘health risk reduction strategies’ was too vague and needed to be specific'</th>
</tr>
</thead>
</table>
| In the conclusion of the abstract of revised manuscript, a specific tobacco control measure has been mentioned as:

'Health risk reduction strategies through targeted anti-smoking health campaigns, improvement in access to health and social protection (such as health insurance) will reduce
### Introduction

**4a.** Reviewer 3 recommended a change in the first sentence of the introduction to bring out the implied meaning.

The sentence has been modified to read

'Current rising trends in tobacco use in low- and middle-income countries suggest this will increase the burden of non-communicable diseases in these countries'.

### Methods

**5 a,b.** Reviewer 3 had issues with a sentence on page 6 – ‘The reported sample refers to the sample that was asked the target question….’ and suggested that a single ‘sample’ which comprises the number of respondents who addressed all of the questions reported on be used instead.

We agree perfectly with the reviewer that using differing samples within the same paper was inappropriate. Indeed, all respondents were used as the target population (the sentence on page 6 was incorrect as noted by the reviewer). All the older adults interviewed were included in the sample (it was not for those who answered the target question). The sample thus represents all the older adults who addressed all of the questions reported on. Differing denominators in the paper really reflects non-responses to individual questions.

The sentence on page 6 has been re-written as;

'A nationally representative sample of 5571 older adults aged 50 years and above were interviewed and data used for the analysis was weighted and age-standardized.'
<table>
<thead>
<tr>
<th><strong>Results</strong></th>
<th>There is therefore no statistical reason to redo the calculations in the tables as the sample represents all the older adults who addressed all of the questions reported on.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>6.</strong> Reviewer 3 suggested amendment of figures and tables due to comment on methods above</td>
<td>This has been addressed with the explanation to comment 5 above.</td>
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<tr>
<td><strong>7. Discussion</strong></td>
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<td><strong>8.</strong> Sentence 1 – suggest that the DALY is perhaps not the best statistic to use to indicate the impact that tobacco can have within the Ghanaian population – if mortality / morbidity due to tobacco-related harm estimates are available then these could be more suitable.</td>
<td>We do agree with the reviewer on this, unfortunately, data on mortality / morbidity due to tobacco-related harm are currently unavailable.</td>
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<tr>
<td><strong>9a,b,c.</strong> Reviewer 3 mentioned specific grammatical errors that need correction</td>
<td>All the grammatical errors mentioned have been corrected.</td>
</tr>
<tr>
<td><strong>d.</strong> page 11’ Reference to ‘reduction in immune competence’ needs explaining</td>
<td>The sentence has been removed, and the removal does not affect the story the paragraph seeks to tell.</td>
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<td><strong>9d.</strong> page 12. Reviewer suggested the inclusion of a possible significant limitation to the one already mentioned.</td>
<td>We accepted the suggestion and have included the suggested limitation on page 12 of revised manuscript as; 'There is the possibility that self-reported tobacco use data underreports the actual prevalence due to inhibitions in admitting to use and may well be higher than figures obtained from the survey.'</td>
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<tr>
<td><strong>e.</strong> That the summary is essentially a repetition</td>
<td>We accepted the reviewers suggestion and produced a brief conclusion and short bullet list of key recommendations.</td>
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</table>
This is shown on page 13 of revised manuscript as;

**Conclusion:** The prevalence of tobacco consumption among older adult Ghanaians is relatively low compared to many middle- and higher- income countries. However, the impact of tobacco use on older Ghanaians is sufficient to warrant national attention. The survey data demonstrated that older men, rural dwellers, those without national health insurance and older adults with other co-morbid health conditions may be at increased risk.

We recommend:

- risk modification through effective primary prevention and health promotion efforts
- health risk reduction strategies, including public health campaigns linked to the 2012 legislation on ban of tobacco use in public places and
- improvement in access to health and social protection such as health insurance for older adults

Thank you very much for your support.

Yours Sincerely,

Dr. Alfred Edwin Yawson,

(Corresponding Author)