Author's response to reviews

Title: The impact of clothing style on bone mineral density among post menopausal women in Morocco: a case-control study

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Author's response to reviews: see over
To the Editor of BMC public health

Sir,

Thank you for your interest in our paper: “The impact of clothing style on bone mineral density among post menopausal women in Morocco”. We addressed the comments for the two reviewers point-by-point and have revised our manuscript accordingly. All the changes we did are underlined in the new version of the manuscript.

As you suggest, we have included the name of the Rabat Medicine faculty ethics committee who approved the study. We have also included the nature of patients’ consent (written consent) in the manuscript.

We have also revised our manuscript to be in conformity with all the checklist.

Sincerely yours

Fadoua ALLALI
Response to Dr Manuel Muñoz-Torres

Thank you for your interest in our paper:” The impact of clothing style on bone mineral density among cross-sectional post menopausal women in Morocco » and for your relevant comments.

We will answer point-by-point to your comments. We hope you will be satisfied

All changes were carried out in the new version of the manuscript and underlined to be visible.

General

C: This interesting study examines the relationships between clothing style and BMD in Morocco postmenopausal women. Previously similar findings has been published in other countries. The main limitation of the study is that the levels of 25OH vitamin D was not determined

R: thank you for your comment, after the result of this study, we carried out a study on the vitamin D status in Moroccan women, to confirm the influence of clothing style on vitamin D. The study was carried out in summer, preliminary result showed that the prevalence of vitamin D insufficiency (<20ng/ml) was: 66% in patient between 30 and 77 years (data not yet published)

Major Compulsory Revisions

Minor Essential Revisions

C: On page 7, there is a typographical error: “…Mars 2005", March 2005;

R: we corrected this error (underlined)

C: On table 2 Several parenthesis lacks and this make difficult its understanding

R: sorry, we corrected this error

Discretionary Revisions

C: The authors should explain the lack of relationship among DMO, the personal history of fracture and time since menopause
R: the lack of relationship between BMD and personal history of fractures is probably due to the small percentage of personal fractures in those patients.

For the relation BMD/time since menopause, all patients were menopausal and the difference between them according to their time since menopause was not very important to show statistical differences in BMD!! But it is just an hypothesis.

In the revised manuscript, we added explanation on the lack of relationship between personal fractures and BMD (underlined pg 7, line 1)

What next?:

Accept after minor essential revisions

R: Thank you; as I said to the first reviewer, there is a few data on osteoporosis and its risk factors in Morocco. For the education of the population and the sensibilisation of the ministry of health, we need Moroccan data. This paper and others will help us.

Level of interest:

C: An article of importance in its field

Thank you.

Quality of written English:

C: Needs some language corrections before being published

R: We have done some “English” corrections in the new version of the manuscript (underlined)

Statistical review:

No

Thank-you
Response to Dr Brian C Lentle:

Thank you for your interest in our paper: “The impact of clothing style on bone mineral density among cross-sectional post menopausal women in Morocco” and for your relevant comments.

We will answer point-by-point to your comments. We hope you will be satisfied.

All changes were carried out in the new version of the manuscript and underlined to be visible.

General

C: It must be explicitly specified if this was a prospective or retrospective study, and specified if it was subject to IRB approval and use of informed consent if prospective.

R: All patients referred to our outpatient Bone Densitometry Center from February 2004 to March 2005 who met inclusion criteria and gave written consent, completed prospectively a questionnaire, and realized a bone densitometry measurement.

Some variable such a veil, is a retrospective information, but it is the limitation of the case-control study.

The Medical research ethics comity of the faculty of medicine of Rabat approved the study, and all participants provided written consent.

Those changes were carried out in the new version of the manuscript (underlined pg 4, line 6).

C: You draw a conclusion prematurely in the penultimate paragraph of the introduction.

R: in the new version we noted that the sun exposure might be insufficient for Moroccan women (not is insufficient).

Major Compulsory Revisions:

C: The literature review might include reference to western data on the influence of latitude on serum vitamin D concentrations and the seminal study by Delmas et al. on vitamin D deficiency in an elderly nursing home population which engendered much of the subsequent interest in this subject.
R: we included western data on the influence of latitude on serum vitamin D (Norway [5], Italy [6], Canada [7], Hungary [8]). We also included data on vitamin D deficiency in an elderly nursing home population: EPIDOS study [13] (the only study where we found Delmas / vitamin D status in pubmed, we hope that it's the study that you evocated)

Those changes were carried out in the new version of the manuscript (Underlined pg 3)

Western references included:


Minor Essential Revisions:

C: There is a semantic issue in that the authors define sub-clinical vitamin D deficiency as a cause of secondary osteoporosis which is debatable in that it is really sub-clinical osteomalacia masquerading as osteoporosis (depending upon the definition of osteoporosis being used).

R: to avoid any confusion in the definition of osteoporosis and osteomalacia, we changed this semantic issue by the following:

Vitamin D insufficiency (levels between 5 and 20 ng/ml) leads to calcium malabsorption, secondary hyperparathyroidism and decreased BMD, while severe hypovitaminosis D (levels below 5ng/ml) leads to osteomalacia.

(Underlined pg 3, line 4)

C: On the other hand a reason to consider publication is that the experiment might be difficult to repeat in that it will become increasingly difficult to find a treatment-naïve population (not taking at least Ca and vitamin D) such as this. Equally data such as these will not easily be found in situations where there are no vitamin D supplements in the diet.

R: We are carrying out a study on vitamin D status in veiled and unveiled women in morocco to confirm the hypothesis of the impact of clothing style on vitamin D production. The result of the 2 studies will help us to convince the ministry of health for the necessity of diet vitamin D supplementation, and to educate the population on the interest of ca-vitamin D supplementation.
C: In paragraph 2 of the methods it will be important to know if the authors included proximal femoral fractures in "peripheral fractures".

*R: yes, we included proximal femoral fractures in “peripheral fractures”*

_Underlined pg 5 line 5_

**What next?:**

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

*R: we hope that we responded to all your comments*

**Level of interest:**

An article whose findings are important to those with closely related research interests

_Thank you; there is a few data on osteoporosis and its risk factors in Morocco. For the education of the population and the sensibilisation of ministry of health, we need Moroccan data. This paper and others will help us._

**Quality of written English:**

C: _We have done some “English” corrections in the new version of the manuscript_ (underlined)

**Statistical review:**

C: No

*R: Thank you, the director of the Laboratory of biostatistics is happy*