Author's response to reviews

Title: Patterns of active and passive smoking, and associated factors in the southeast Anatolian project (SEAP) region, in Turkey

Authors:

Ali Ihsan Bozkurt (abozkurt@pamukkale.edu.tr)
Saime Sahinoz (saime2000@hotmail.com)
Birgul Ozcirpici (ozcirpici@gantep.edu.tr)
Turgut Sahinoz (turgut29@mynet.com)
Hamit Acemoglu (hacemoglu@dicle.edu.tr)
Gunay Saka (gsaka@dicle.edu.tr)
Ali Ceylan (alican@dicle.edu.tr)
Yilmaz Palanci (yilmazp@dicle.edu.tr)
Ersen Ilcin (ilcine@dicle.edu.tr)
Feridun Akkafa (aferidun@harran.edu.tr)

Version: 2 Date: 22 September 2005

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

Please find attached a revised paper named “Patterns Of Active and Passive Smoking And Associated Factors in Southeast Anatolian Project (SEAP) Region, Turkey”.

We revised each comment and provided answers as follows.

Thank you for the opportunity to submit our work.

Yours truly,

Ali Ihsan Bozkurt, MD, Ph.D.

The Department of Public Health, Faculty of Medicine, Pamukkale University, Kınıklı, Denizli, TURKEY
e-mail: abozkurt@pamukkale.edu.tr
Tel: +90 258 2138177-2138178,
Fax: +90 258 2132874

Reviewer 1

General:

Comment 1: Although the sample is not representative of the general population in terms of age, sex and socioeconomic variables, the sample size is large and results add something to the literature on the issue of smoking prevalence in the South Eastern Europe.

Answer: SEAP Public Health Project was designed for identifying important health problems in the region. Originally the sample size was calculated to detect problems with a prevalence of 4%(P=0.04). Considering the prevalence of active and passive smoking, we believe that this study has a sufficient power to detect differences among groups. For example, the smallest prevalence among groups for smoking is 7.8% (p=0.08).

Comment 2: In fact, besides the presence of several typos and the lack of a good revision of the literature, the entire text is not clear and sometimes misleading.

Answer: We screened the literature and make necessary changes.

Major Compulsory Revisions:

Comment 1: the second paragraph of the Background section of the ABSTRACT should be included in the Methods section;

Answer1: We made the necessary changes.

Comment 2: some paragraphs of the ABSTRACT (Results: “Respiratory symptoms were high in current smokers”; Conclusions: “Passive smoking must be prevented especially in the
houses where children and pregnant women live”) are trivial and do not add information to
the issue. They should be deleted or revised.

**Answer 2:** We deleted these sentences from abstract.

**Comment 3:** the BACKGROUND section should include what is already known on the issue
of smoking prevalence in the SEAR or in Turkey (with corresponding relevant references)
and not on the issue of the effects of smoking on morbidity/mortality.

**Answer 3:** The third para of the Background section shows the mortality rates in our country.
However, we added a new reference in order to explain it better.

**Comment 4:** in the METHODS section, statistical analyses are not clear. For example, for
what concerns multivariate analysis, covariates included in the logistic regression models are
not listed.

**Answer 4:** We believe that statistical section is sufficiently clear. Additionally, the 12th para
of the Results section gives the list of the factors included in logistic regression.

**Comment 5:** In TABLE 2, smoking prevalence in various strata should be standardized by
age to estimate the correct association between education, marital status and employment, and
smoking status.

**Answer 5:** During the analysis we standardized the results for age and gender and checked
for differences. However we preferred to report the observed percentages in Table 2 only due
to importance of age specific rates for the reader. Additionally, confoundary effects of other
factors were controlled in the logistic regression in Table 3.

**Comment 6:** II and III paragraph of the RESULTS section: if 70.1% of houses had at least
one regular daily smoker (II paragraph), it is impossible that 79% of houses included “a
smoker and a pregnant women” (III paragraph). Probably the authors wanted to state that 79%
of houses with at least a smoker included a pregnant woman.

**Answer 6:** We corrected this in the text.

**Comment 7:** the DISCUSSION section should compare results with previous available data.
The trend of smoking prevalence over time is essential to identify the strata of the population
(particularly in terms of sex and education) at major risk to increase their smoking prevalence,
and consequently to choose how to address anti-smoking campaigns. For example, I am a
little bit sceptical about the fact that “… in SEAP region anti-smoking campaigns should
target men”. In fact, according to the model by Lopez et al. (Tobacco Control 1994; 3: 242-
247) it has been shown that South-eastern European regions should be in the III stage of the
smoking epidemic
http://www.who.int/tobacco/global_data/country_profiles/Introduction.pdf). According to this
model, we expect in the next few decades an increase of smoking prevalence in women and a
decrease in men. In this case, anti-smoking campaigns should target primarily women

**Answer 7:** We agree with the reviewer that gender and education are important factors for
smoking trends in subgroups accordingly we extended the discussion in the Discussion
section.
However we disagree with the reviewer on the view of aiming women as the primary target for smoking cessation campaigns. Smoking prevalence in men and women were %49.6 and %11.9 respectively. As can be seen in the Table 2, the rate in men 7 times higher than that in women. In addition, the total cigarettes consumption was 3 times higher in men. Therefore men would be a better choice for targeting. However Table 1 shows that between ages 15-19 years in both genders, the smoking prevalence doubles. This indicates the starting age of smoking in both genders. In the light of this finding the most appropriate target group will be this age group in both genders.

**Comment 8:** The English language should be completely reviewed, and the references updated (for example, the new Monograph on passive smoking by IARC should be cited).

**Answer 8:** We revised the references and made grammatical corrections in the text.

**Comment 1:** Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

**Answer 1:** We made the necessary changes.

**Reviewer 2**

**Comment 1:** Advice on publication: Accept after minor revision (spelling mistakes-dictionary).

**Answer 1:** We revised the language.