Author's response to reviews

Title: The effect of socioeconomic status on three-year mortality after first-ever ischemic stroke in Nanjing, China

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Authors' response to reviews:

To: BioMed Central Editorial Team

RE: MS: 1396144789100769 - Effect of socioeconomic status on three-year mortality after first-ever stroke: Nanjing Stroke Registry

Dear Editor:

We have revised the manuscript in line with the latest comments provided by the reviewers. A native English speaking colleague has been invited to copyedit it. According to your suggestions, the title of the paper has been changed to 'the Effect of socioeconomic status on three-year mortality after first-ever stroke in Nanjing, China'.

Reviewer 1

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

The authors response to major compulsory revisions is satisfactory.

Answer: We agree with the reviewer.

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

1. Abstract. Line 3, "exits" should be changed to "exists."

Answer: Done.

2. Methods. Page 5. Line 21, "absence of" should be changed to "without."

Answer: Done.
3. Methods. Page 7. Line 4, change to "...during the three years..."

Answer: Done.


Answer: Done.

5. Results. Page 8. Line 13, NIHSS should be spelled out.

Answer: Done.

Reviewer 2

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached) The Abstract does not adequately convey the key results of the paper. The given RR>5 for income and housing, respectively, relate to small groups (less than 10% of the populations). These small groups may be highly aspecific, and not representative for the general associations with income and housing. I would therefore suggest to give the RR for, respectively, those with an income of < yuan, and those with 10 to 20 square m housing. Alternatively, in the analysis, the authors may combine the two lowest groups for income and housing tenure.

Answer: We have corrected it as suggested. Alternatively, the RR for those with 20 to 40 square m housing is given because of its statistical significance.(See Page 3)

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

None

Answer: We agree with the reviewer.

Discretionary Revisions (which the author can choose to ignore)

None

Answer: We agree with the reviewer.

Reviewer 3
General

The authors have addressed all my previous comments.

Answer: We agree with the reviewer.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

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

Discretionary Revisions (which the author can choose to ignore)

With regard to my former point 4: Even though there are different etiological mechanisms with regard to ischemic stroke and hemorrhagic stroke, it is still possible to do separate analyses on mortality after ischemic stroke and mortality after hemorrhagic stroke.

Answer: We explain it as suggested. Because of different etiological mechanism and clinical manifestation from ischemic stroke, intracranial hemorrhage (n=563) and subarachnoid hemorrhage (n = 61) are excluded in the present study. For example, higher total cholesterol levels are associated with increased risk of ischemic stroke but are protective factors of hemorrhagic stroke. Moreover, an inverse relationship was found regarding all lipids levels across the tertiles of the SES index. Finally, it's probable that low-SES will be regarded as protective factors of hemorrhagic stroke. Obviously, if patients with hemorrhagic stroke are included in the present study, the final results will become confusing. (See Tirschwell DL, Smith NL, Heckbert SR, Lemaitre RN, Longstreth WT Jr, Psaty BM. Association of cholesterol with stroke risk varies in stroke subtypes and patient subgroups. Neurology. 2004; 63(10):1868-1875. / Panagiotakos DB, Pitsavos C, Manios Y, Polychronopoulos E, Chrysohoou CA, Stefanadis C. Socio-economic status in relation to risk factors associated with cardiovascular disease, in healthy individuals from the ATTICA study. Eur J Cardiovasc Prev Rehabil. 2005; 12(1):68-74.) Furthermore, by reason of the limitation of space, we don't include hemorrhagic stroke in the present study.

With regard to my former point 10: Are there reasons to believe that the associations between SES and mortality after a stroke would be different in a Chinese population than in a western population - I still don't think this issue is discussed in the paper.

Answer: We explain it as suggested. Firstly, our findings were consistent with some previous studies from western populations. Secondly, for the disparity in different findings, there were two probable interpretations for it: (1) the disparities between countries in the definition of SES; (2) the inconsistency of data source (e.g., hospital-based or population-based). (See Page 10, Paragraph 1)

Reviewer 4

General

I am satisfied with the revisions.
Answer: We agree with the reviewer.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

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

The manuscript could benefit from further editing to improve English grammar and flow.

Answer: We revise it as suggested.

Discretionary Revisions (which the author can choose to ignore)