Author's response to reviews

Title: Health impacts of exposure to second hand smoke (SHS) amongst a highly exposed workforce: survey of London casino workers

Authors:

    Paul A Pilkington (paul.pilkington@uwe.ac.uk)
    Selena Gray (selena.gray@uwe.ac.uk)
    Anna B Gilmore (anna.gilmore@lshtm.ac.uk)

Version: 2 Date: 2 August 2007

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

We thank the reviewers for their detailed and helpful comments. Below are our responses to the comments:

**REVIEWER 1**

Smoking prevalence is very low in respondents. It would be better to compare the smoking prevalence in your survey with the smoking prevalence in UK for men and women aged 20-60 years. If available you can compare the smoking rate in your survey with that recorded in UK in similar occupational groups.

*Response: We have now compared the prevalence in the survey with that in the general UK population and that in manual groups in London.*

You should add 2-3 sentences on the subject of how the low response rates in smokers is very important to the discussion section of the paper.

*Response: We have added this to the discussion section of the paper.*

It would be better to evaluate the dose-response relationship using logistic regression. Table 2 has to be modified according to this analysis.

*Response: As advised, we have now assessed the dose-response relationship using logistic regression. Table 2 has been modified accordingly.*

In the background it would be better if you discuss the situation in Ireland and Norway, where a total ban has been introduced since 2004 and 2005 respectively, but also in Italy, where the nation-wide smoking ban is also for casinos, even if it is possible to build a smoking area.

*Response: The background now makes reference to the comprehensive smoke-free legislation in Ireland, Norway and Italy.*

Table 1. Remove the last columns with total. It is sufficient you report the total (559) in the title of the table. Moreover, regarding the missing data you suggested either a reticence to answer or uncertainty of having symptoms in the past four weeks. I would cut this sentence of comments, having missing data rate (5%) acceptable and there is no need to suggest explanations.

*Response: We have removed the last column in Table 1. Also taken out the sentence regarding missing data.*

Adjusting for presence of cold and other respiratory conditions: I prefer that you add that you did not adjust for presence of cold and other respiratory conditions in the section of limitations of your study.

*Response: We have added that we did not adjust for presence of cold in the limitations section of the paper.*

Table 3. Remove, please, the columns with p-value. You already reported 95% CI. It’s enough. Explain in footnotes of table 3 the acronyms of qualifications and the number of years of education they correspond, being peculiar of UK education system.
Response: We have removed the columns giving the p-value. Also have provided more explanation of the educational qualifications.

Table 4. Explain in the footnotes of table 4 the acronyms for ns (non-smokers)
Response: We have altered the table so that the word “non-smokers” is used in the table itself.

Reviewer 2

Is there any way that comparison can be made to respondents and non-respondents? Do the investigators at least have access to the overall age, gender and duration of working distributions?
Response: We have added in an explanation that it was not possible to compare respondents with non-respondents, apart from by gender breakdown, because of a lack of baseline data.

In Table 4…analysis stratified by smoking status would be informative.
Response: We have now stratified by smoking status in the old Table 4 (now Table 5)

The authors discuss the implications of their findings, proposing that they offer support for assuring that smoke-free legislation extends to casinos. They would have proposed the same argument, absent their data, based on considerations of exposure and an already extensive literature…can the rationale be better expressed for carrying out the study and using its findings to address worker protection?
Response: We have attempted to express the rationale for the study better in the discussion section of the paper.

The authors comment on the utility of self-reported exposure. My impression of the literature is that workers and others are able to report on whether they are exposed but can give little information that is relevant on a quantitative basis, particularly in workplace settings. References 8, 15, and 16, cited on this point, do not fully reflect the literature.
Response: We have revised this section, acknowledging the problematic nature of quantifying exposure level through self-reporting.

I suggest removing the superfluous priority claim at the start of the second paragraph on page 10.
Response: We have rephrased this paragraph.

Reviewer 3

Page 3, para 1. This sentence should be reworded to make it clear that these fears of loss of business have not been supported by actual experience. The paper by Scollo et al (TC 2003;12:13-20) would be a good reference to support this statement.
Response: We have reworded this section and added in the Scollo et al paper.

Page 3, para 2. What is the actual status of the English law? Saying casinos “were thought” not to be included is not clear.
Response: We have rephrased this sentence to better explain the status of the smoke-free legislation in England.
Page 6, para 2. How were multiple responders identified, given that the survey was anonymous?
Response: We have now explained how duplicate responders were identified.

The tests of significance in Table 2 seem to have been done with chi square, which does not test dose-response. The test that was used needs to be specified and the text amended appropriately with regard to statements of dose-response.
Response: Table 2 and comments related to this have been changed as we have now performed a logistic regression, based on comments from Reviewer 1.

Page 6, bottom. Can you say anything about how the responders and nonresponders differed using overall statistics for union members?
Response: As explained previously, we have explained how baseline data was not available with which to compare responders with non-responders.

Page 8, para 3. It is not clear what “other than the Wisconsin study” means.
Response: We have rephrased this sentence.

The recent study of barworkers in Scotland needs to be integrated into the paper (Menzies et al. JAMA 2006;296:1742-1748)
Response: We have integrated this into the paper.

References 12 and 13 should be supplemented with the two recent major consensus documents on this subject: the 2005 California EPA and 2006 US Surgeon General reports on secondhand smoke and health.
Response: We have added the references to these two reports.

Tables need to be cleaned up. It is not clear what the numbers in parenthesis are. They appear to be percentages, but this should be stated. Be consistent in the number of decimal places reported. The headings in the tables should be “sensory OR irritation symptoms”.
Response: We have altered the tables accordingly.

Table 3. Use “n” rather than “No.” to mean the number. This reader initially read “No” as meaning “no symptoms”, which was confusing.
Response: We have now done this.

Be consistent in formatting to the table to consistently put the reference condition (OR=1.00) as the first entry in each subsection of the table.
Response: This has now been done.

Use words to identify the variables, not the SPSS variable names.
Response: This has now been done.
It is not clear how the multivariate analysis is done, particularly what variables are controlled for. Do the results in the table reflect the results of a single multivariate analysis? Are these all the variables that were included in the equation?

Response: The previous Table 3 has been split into Table 3 and Table 4, as we feel that this helps to clarify how the logistic regression was carried out.

It is not clear what the numbers in Table 4 are. For example, for New York bar workers (n=24), yet the number which appear to be number of respondents are around 60. This table would be best done to just report percentages in the body of the table with the sample sizes at the top (as they are). The results of the Scottish study (noted above) need to be included.

Response: There was a typographical error in Table 4 (new Table 5) which has now been corrected – the figures for the New York study of bar workers had been incorrectly inputted. The table now just reports percentages, as advised. The study from Scotland (Menzies et al) does not report sensory and respiratory irritation symptoms in the same way as the other studies (i.e. it just reports prevalence of ANY respiratory or sensory irritation symptom, not the individual symptoms). If the editor feels that it is important to include figures from this study we could contact the authors to see if they have the extra data. However we felt that for comparison purposes, it would not add greatly to the study.