Author's response to reviews

Title: Stages of development and injury: an epidemiological survey of young children presenting to an emergency department

Authors:

Kirsty MacInnes (0305370M@student.gla.ac.uk)
David H Stone (d.h.stone@clinmed.gla.ac.uk)

Version: 2 Date: 13 March 2008

Author's response to reviews:

Dear Editor

Here are our responses to the two Reviewers' Comments:

Reviewer 1 William Pickett

Discretionary Revisions

"Abstract: The concluding sentence is perhaps overstated a bit, given the fact that these are descriptive findings only and not studies of interventions."

Agreed. We have amended the sentence to convey a less dogmatic message:

"Our findings highlight the importance of designing injury prevention interventions that are appropriate for specific stages of development in children."

"Page 3, para 2. I generally prefer the expression "risk for injury" rather than "risk of injury""

Agreed. We have amended to "risk for injury."

"Page 3, para 2. Last sentence. I would call these "changing mechanisms" or "changing external causes" rather than "causes"

Agreed. We have amended to "changing mechanisms." We have also changed the sub-heading on page 5 para 3 to "Breakdown" and "mechanism" factors.

"Page 4, para 4. Did you have an a priori strategy for the division of the children into different age groups by developmental stage? If so, state this."

On page 4, para 3 we stated that we used the same age categories as the Kingston researchers - this was to enable as to compare our findings with theirs. Apart from this, we had no a priori strategy.

"Page 5, para1. In the methods, please (if you wish) provide the method used in
the generation of confidence intervals around rates. Second, I would not make Figure 1 optional."

On page 4, para 1 we provided the names of the software programs that we used to analyse the data and feel that this is sufficient. Second point - agreed. We have taken out the statement that Fig 1 is optional.

"Page 7, para 2. The suggestion that Canadians are affluent is not an evidence-based conclusion; indeed, significant portions of our population are quite poor. If you are going to make that inference, then back it up with some evidence (or remove it)."

Agreed. We have rewritten that sentence and softened the inference. It now reads: "A higher rate at Yorkhill may reflect different degrees of socio-economic deprivation in the two populations and injury risk is correlated with poverty."

"Page 9, Acknowledgements. CHIRPP Canada is run by the Public Health Agency of Canada. "I'm not sure who you are referring to when you say "the clinical effectiveness staff and senior management of the hospital."

Agreed. We have amended the Acknowledgements to clarify that we referred to Yorkhill Hospital and to indicate the role of the Public Health Agency of Canada.

"Figure 1. It might be helpful to replace the points on the chart with actual ages, as this is very confusing. Even better, find away to superimpose confidence intervals surrounding each estimate."

First point - agreed. We have changed the X axis to show actual ages. Second point - we tried to superimpose confidence intervals but the chart became cluttered and confusing so we decided not to include them.

Reviewer 2 David Mooney

"The authors present both the mechanism and the trends in mechanism; the relationship between the two is not readily apparent."

Agreed. On page 5, para 3 we have revised this sentence to clarify:

"Other relatively frequent types of injury were ingestions (61% of which were in toddlers aged 12-35 months), strains, grazes/lacerations (that became progressively more frequent with increasing age), and foreign body injuries (that peaked in frequency at 36-59 months)."

"While this is a nicely conducted study, it could be significantly improved by providing examples of how injury prevention efforts could be more targeted to address the injury mechanisms identified."

Agreed. We have On page 9, para 2 we have added a sentence addressing this
point. It echoes the discussion of the Canadian researchers:

"The key developmentally-sensitive preventive priorities identified by the Kingston group - careful supervision and risk anticipation, limiting access to hazards, and fall avoidance through safe play behaviour and environments - are all equally applicable in Glasgow and, most probably, elsewhere."