Reviewer’s report

Title: Impact of social ties on self reported health in France: Is everyone affected equally?

Version: 2 Date: 26 May 2008

Reviewer: Amanda Nicholson

Reviewer’s report:

Thank you for your revised manuscript and your constructive response to my comments. I think the paper is much improved and there are only a few points remaining.

Minor essential revisions

1. Inadequate control for confounding

This has still not been fully addressed. Confounding factors need to be considered both as potential explanations of the relationship between social ties and poor health and of the observed effect—modification with income.

a. That no data on health behaviours were available should be added as a limitation in the Discussion. Health behaviours may be a mediator rather than a confounder (eg it might be that those who are isolated drink more / smoke more - and this effect is stronger in low income groups) but are an important potential explanation that the paper is unable to address.

b. Health service use: the authors state (p10 last paragraph) that information was available on the number of times a doctor was visited in last twelve months. It should then be possible to create a variable with some discriminatory power (rather than the 90% who visited a doctor discussed by the authors in their response. Although the number of visits may be affected by income, these data are a useful alternative, possibly more objective, measure of health. Adjusting the effects of social ties on SRH for this variable may give some insight into what SRH is representing.

c. Education It is unfortunate that the education variable cannot be used. Age patterning of education could have been overcome by considering the effect of education within age—groups. Educational level may be important mediator or contributor to the observed effect and interactions (e.g. lower educational attainment being associated fewer resources and hence less resilience in face of social isolation). This limitation should be discussed.

2. Reporting bias / role of depression

The sentence at bottom of page 10 concerning depression is rather unclear. What is meant by “observational study” as this is an observational study? Did the authors mean longitudinal study? Depression may lead to lower rating of social
ties and a lower rating of health and thus there is potential for reporting bias exaggerating effects. There is some evidence for this in the paper with stronger associations seen with the “felt alone yesterday” social variable.

3. Discussion
At present the observed interaction between income and social ties is not prominent, being mentioned at the end of 3rd paragraph p10 and the final paragraph. It could be highlighted more explicitly in the Discussion and possible additional potential mechanism or alternative explanations discussed in more detail.

The limitations mentioned above (e.g. lack of control for health behaviours / education) should be included.

4. Abstract
The significance of interactions should be added to the abstract.

Discretionary revisions
5. Presentation of tables
a. Table 1: Percentages should be added to rows describing those without social ties, so that results can be compared more easily across income groups
b. Table 3: the authors could add significance of interactions to the table as extra column, making it easier for reader to access data.

6. The fact that analyses were run separately in sexes and compared before sexes were combined should be reported in the paper.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:
I declare that I have no competing interests.