Author's response to reviews

Title: Breathlessness is associated with urinary incontinence in men: A community-based study

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

Thank you for your review of our manuscript submitted to *BMC Pulmonary Medicine*. We have revised the manuscript based on the three reviewers’ reports. In particular, the title is now changed to “Breathlessness is associated with urinary incontinence in men: A community-based study” in accordance to the suggestion from Reviewer 3. Please refer to our point-by-point response. We also provide context information in the background section of the Abstract. Changes made in the revision are highlighted in red font.

We hope the revised manuscript is acceptable for publication. Thank you once again for your kind consideration.

Yours sincerely,

Professor Andy H. Lee
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Response to Reviewer 1
We greatly appreciate your comments and have explained the findings with more detailed analyses.

1. Benign prostatic hypertrophy was not assessed. However, information on physical activity involvement and self-reported health conditions including hypertension, ischemic stroke, diabetes mellitus, depression and cancer was solicited via our structured questionnaire. Results (see Table 1) show that physical fitness and other co-morbidities are not associated with urine leakage and therefore unlikely to confound the relationship between breathlessness and UI. Remarks are added in the Discussion section.

2. Agreed. The distribution of UI type was: urge (30, 58.8%), stress (6, 11.8%), mixed (2, 3.9%), others (13, 25.5%). This information is added in the Results section. In regard to severity of incontinence, the correlation between the ICIQ score and the MRC’s dyspnoea score was 0.24, but the dose-response effect of dyspnoea on UI was not significant (adjusted OR = 1.17, 95% CI 0.90–1.51).

3. For women with cystic fibrosis and asthma, stress incontinence has been related to their chronic coughing and sneezing which raise intra-abdominal pressure and cause damage to the pelvic floor. Unlike women, urge-type leakage was the most common among our sample of incontinent men. We thus hypothesize the link between breathlessness and UI through neurological control and micturation. This point has been added in the Discussion section.

4. Accepted. Table 2 has been reformatted.

Response to Reviewer 2
Thank you for approving our manuscript.

Response to Reviewer 3
1. Accepted. The title is now changed to “Breathlessness is associated with urinary incontinence in men: A community-based study”.

2. Accepted. In Abstract, we state that a convenience sample of 668 men was recruited.

3. Accepted. We clarify that the definition of UI as “any urine leakage” as suggested.

4. Very limited references concerning UI for men are found in the literature. We now cite the paper by Tennstedt et al that men with asthma had twice the odds of urine leakage, especially for White men.

5. Although formal assessment for other co-morbidities was not conducted, information on self-reported health conditions including hypertension, ischemic stroke, diabetes mellitus, depression and cancer was solicited via our structured questionnaire. Results (see Table 1) show that these co-morbidities are not associated with urine leakage and therefore unlikely to confound the observed relationship between breathlessness and UI.

6. Agreed. Frequencies and descriptive statistics for all items of the ICIQ are given in the new Table 2 and summarised in the Results section.

7. Accepted. All abbreviations are now defined.

8. Thank you for providing the pertinent reference which is useful for our revision.