Author's response to reviews

Title: Translation and validation of Berlin Questionnaire in primary health care in Greece.

Authors:

Izolde Bouloukaki Dr (izolthi@gmail.com)
Ioannis D Komninos Dr (yiankom@yahoo.co.uk)
Charalampos Mermigkis Dr (mermigh@gmail.com)
Katerina Micheli Mrs (katerinamicheli@yahoo.gr)
Maria Komninou Mrs (mariakomninou@gmail.com)
Violeta Moniaki Mrs (vmoniaki@yahoo.gr)
Eleni Mauroudi Mrs (elenima23@hotmail.com)
Nikolaos M Siafakas Prof (siafak@med.uoc.gr)
Sophia E Schiza Dr (schiza@med.uoc.gr)

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

Attached is the revised manuscript entitled “TRANSLATION AND VALIDATION OF BERLIN QUESTIONNAIRE IN PRIMARY HEALTH CARE IN GREECE”. The manuscript has been revised according to Reviewers suggestions. We would like to thank them for their valuable comments and we hope that the revised manuscript is suitable for publication.

On behalf of all authors,

Sincerely,

Izolde Bouloukaki. MD, PhD
Sleep Disorders Unit,
Dept. of Thoracic Medicine,
University of Crete

Reviewer's 1 report:
I think the changes to the manuscript have strengthened it substantively. The PSG scoring system still needs clarification, they say they scored by AASM standard system but it is either AASM recommended or alternative criteria, the standard criteria does not exist
I think there is little use screening for an AhI > 5 because there would be v few patients excluded at this cut point (< 10%) but the authors have presented 3 cut points appropriately

Thank you for your comment. We corrected the PSG scoring system as suggested.

Reviewer's 2 report:
There are still few concerns
Essential Revisions
ABSTRACT
Results
AHI
Mild #5 - <15
Moderate #15 - #30
Severe >30

We corrected it.

BACKGROUND
The BQ is not a diagnostic tool so it does not replace PSG

As already mentioned in the manuscript, questionnaires, such as BQ, are screening tools only and cannot replace a thorough history and physical or objective sleep-laboratory evaluation.

Please delete from 2nd paragraph: “which is expensive, labour-intensive, and not feasible in all subjects” and “would reduce the use of sleep study for those with low probability of having OSAS, but”
So the paragraph will be: “The gold standard for the diagnosis of OSAS is attended overnight polysomnography (PSG) [8], which is expensive, labour-intensive, and not feasible in all subjects. A reliable and easy-to-use screening tool is required for efficient prediction of OSAS, helping to prioritize patients who require sleep study according to the probability of suffering from OSAS. Such a screening tool would reduce the use of sleep study for those with low probability of having OSAS, but would give treatment to those who are with more severe OSAS first.”

METHODS
Pag 6 line 6: “The results of the BQ questionnaire were compared with polysomnography, which is considered the gold standard for OSAS diagnosis.”

OSA severity scale based on AHI is:
Mild #5 - <15
Moderate #15 - #30
Severe >30
so
Pag 6 line 6 >5 with #5
Pag 7 line 3 change “<30 per hour and as severe if AHI was #30 per hour” with “#30 per hour and as severe if AHI was >30 per hour”
Pag 9 line 6 “more than 5” change more with #
Pag 9 line 10 change AHI>15 with #15
Please check through Results BQ Performance and Discussion

CONCLUSIONS
Change diagnosis and diagnostic with screening since overnight study is still necessary to diagnose sleep apnea:
“In conclusion, our study confirms the importance of questionnaires in OSAS screening diagnosis. These tools are inexpensive and easy to apply and should be used as a diagnostic screening test in clinical practice. Due to the relatively high prevalence of undiagnosed OSAS and its complications for health, primary care clinicians need a reliable screening tool for OSAS prediction. Using the BQ, they could detect the possibility of OSAS during usual day practice visits and then identify high-risk groups of patients who should therefore be referred for further examination.”

Table 1
Add the units of measurement:
Body mass index (kg/m2)
and the range for normal, overweight and obese
Normal (put BMI range), n (%) 30 (15.9)
Overweight (put BMI range), n (%) 56 (29.6)
Obese (put BMI range, n (%)
Please change “High blood pressure” with “Hypertension (> ..... mmHg)”

Table 2
Please fix AHI severity scale
#5 - <15, n (%) 20 (15.5)
#15 - #30, n (%) 30 (23.3)
>30, n (%) 68 (52.7)
and

Table 3
AHI (n/h)
<5
#5 - <15
#15 - #30
>30
and

Table 4

Thank you for your comments. We have performed the suggested changes to all of the above minor comments