Reviewer's report

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

Version: 2 Date: 7 December 2012

Reviewer: Adriana Salvaggio

Reviewer's report:

Comments to Manuscript Number: BMC 1609902931813378

R. 1

There are still few concerns

Essential Revisions

ABSTRACT

Results

AHI

Mild #5 - <15
Moderate #15 - #30
Severe >30

BACKGROUND

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

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

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

No