Author's response to reviews

Title: Smoking, respiratory symptoms and likely asthma in young people: evidence from postal questionnaire surveys in the Wythenshawe Community Asthma Project (WYCAP).

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Author’s response to reviews: see over
Reviewer’s report:

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Some of the references quoted in the discussion have not appeared in the correct format (NHLBI 2005, and Ulrik 2005).

Authors reply: These references have been reformatted.

Discretionary Revisions (which the author can choose to ignore)

Although the study assesses responses from young adults, no lower age limit is stated. The study demonstrates a high smoking rate and also a high asthma rate - comparison of smoking and asthma rates from other studies in relation to socio-economic factors would be of value. Is it possible to estimate a “smoking-attributable” asthma prevalence, given that atopy does not appear to contribute.

Authors reply: The lower age limit has been stated and estimates of the ‘smoking attributable’ risk of likely asthma have been added.

The study found a higher prevalence of asthma in males compared with females. This is an unusual finding which merits some discussion in comparison with other studies.

Authors reply: We are grateful to the reviewer for pointing this out. In fact, there was a typographical error, and the study did actually find a higher prevalence in females.

The assertion that the diagnosis is unlikely to be COPD if subjects are less than 45 years old is plausible, but is open to question in the light of other work such as Geijer RM et al Family Practice Oct 2005; 22:485 indicating undetected persistent airflow obstruction in middle-aged smokers. The authors have discussed the possibility of misclassification due to early stage COPD, but this section in the discussion should be expanded on. Online publication of actual questionnaire as an archive file would be advantageous to allow others to compare methodology.

Authors reply: We are grateful to the reviewer for the reference to the paper by Geijer et al. Further discussion of this point has now been included. We agree that it would be helpful to publish the questionnaire as an archive file, however, we are unable to do so due to copyright issues.
Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Table 1 should be changed to a more standard one that lists (in rows) age categories, Sex, smoking status and ETS exposure and in the column proportion in each subgroup with "asthma"

Authors reply: Table 1 has been amended as described above.

Table 2 can be combined with Table 3, as the lowest line.

Authors reply: Table 2 has been combined with Table 3 as described above.

For both Tables 2/3 - the author should eliminate the lines with current smokers as the reference group - this is way too confusing.

Authors reply: These lines have been removed.

The conclusion in the paper (p 9) is much more reasonable than the conclusion in the abstract, which overstates the findings. My conclusion of the analysis is that current smokers have more respiratory symptoms that suggests a need for respiratory medication. I would change the conclusion in the abstract to that noted on p. 9.

Authors reply: The conclusion in the abstract has been amended to that noted in the conclusion.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

OR's for chest tightness for smokers are missing.

Authors reply: The OR for chest tightness in smokers and the corresponding confidence interval have been added.

The title should be changed to reflect that these are respiratory symptoms and not asthma, per se.

Authors reply: The title has been amended as described above.

Discretionary Revisions (which the author can choose to ignore)
The authors should consider adding another table that lists mean and median number respiratory symptoms by smoking status (or smoking and gender, as women tend to report more symptoms than men).

Authors reply: The questions used were based on those of the ECRHS, and number of symptoms is not an outcome reported by the ECRHS. After consideration, we feel it would be inappropriate to consider the mean and median number of symptoms as this would assume all symptoms have equal meaning.