Author's response to reviews

Title: Discriminative and predictive properties of disease-specific and generic health status indexes in elderly COPD patients

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Author's response to reviews:

Dear Editor -

we have now finished the revision of our paper "Discriminative and predictive properties of diseases-specific and generic health status indexes in elderly COPD patients". We would like to thank the reviewers for their insightful comments: we have addressed all of them and believe that the manuscript is now substantially improved. We also addressed the editorial comment about the Ethical Committee approval (see page 6, line 4), have added the missing sections (“Competing interests” and ‘Authors’ contribution”). Below you find a point-by-point reply to the reviewers.

Best regards

Claudio Pedone

REPLY TO REVIEWER #1

1) The abstract has been modified according to the paper’s new results and conclusions.

2) We have added a sentence in the introduction (page 3, lines 19-22) trying to explain more clearly the rationale of our work. In this version of the paper the information on the agreement of the two measures is given very briefly, and we chose to leave the focus of the introduction on the comparison of the two measures.

3) Sub-headings have been added to the results.

4) The analysis in the non-obstructed cohort has been deleted in the revised version.
5) We adjusted the analysis as suggested by the reviewer. We also changed the layout of corresponding table, showing side by side the HR adjusted for gender and age, for gender, age and FEV1%, and for gender, age, and MDA.

6) See above.

7) Old table 2 has been replaced by a new table showing the HRs (see point 5). As for the figure, we chose time, rather than age at death, to be displayed on the X-axis because we wanted to show a crude (i.e. not age-adjusted) estimate of the survival. In the figure, we display only the 5-year mortality because afterwards the number of exposed people become low and the graphic less informative.

REPLY TO REVIEWER #2

1) We tried to make it clear in the introduction that the generic measures have been proved to be associated with mortality in the general elderly population, but this association has not been tested in the COPD population. Our thinking was that – had this measures shown predictive ability also in this group – they would have had the advantage of providing comparable information across different types of patients.

2) While the SF family of questionnaires have been established as a reliable measure of quality of life, they (as most instruments on QoL) are based on the subject’s perception of his/her health. We decided to use more “objective” measures, and therefore chose a multidimensional instrument as defined in our paper.

3) The scores of 2 and 34 of the SGRQ divide our sample in three groups of equal size (see page 5, line 14). We chose this approach because to our knowledge there are no accepted cut-off indication “low” vs. “high” SGRQ scores.

4) Data on the causes of death have been reported at page 7, line 22.

5) The discussion, and the conclusions, of the paper have been changed according to the new results obtained adjusting the analysis for the severity of obstruction (see reviewer’s #1 comments).