Author's response to reviews

Title: Cross-cultural adaptation and validation of a Bengali version of the modified Fibromyalgia Impact Questionnaire

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Version: 3 Date: 7 August 2012

Author's response to reviews: see over
Abigail Quiniquini
Journal Editorial Office
BioMed Central

August 7, 2012

MS: 3738757457074518

Dear Abigail Quiniquini,

Thank you for the handling of the manuscript entitled “Cross-cultural adaptation and validation of a Bengali version of the modified Fibromyalgia Impact Questionnaire”.

Please find enclosed the revised version of our manuscript and our response to each point raised by the referees. We agreed with the suggestions and modified the manuscript accordingly. A point-by-point response is attached along with a copy of the manuscript with changes marked in red.

We would like to take this opportunity to thank the reviewer for the excellent comments and suggestions, which have led to substantial improvements of the manuscript.

The current version of the manuscript has been read and approved by all authors. The manuscript has not been submitted or is not simultaneously being submitted elsewhere, and no portion of the data has been or will be published in proceedings or transactions of meetings or symposium volumes. None of the authors have commercial or other associations that might pose a conflict of interest in connection with the work.

We hope that the revised version will be accepted for publication and look forward to hearing from you.

Sincerely, also on behalf of the other authors,

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Reviewer 1

Reviewer's report
Title: Cross-cultural adaptation and validation of a Bengali version of the modified Fibromyalgia Impact Questionnaire
Version: 2 Date: 28 May 2012
Reviewer: Robert Bennett

Reviewer's report:
Major Compulsory Revisions:
1. Some 20% of RA Patients have comorbid fibromyalgia. Did you specifically evaluate for this possibility, and were these patients included or excluded from the study?
2. As noted, the functional components of the FIQ caused most problems in the cross-cultural translation. A couple of sentences should be included in the discussion referring to the 2009 FIQR, which made major changes to the functional component, in order to provide more cross-cultural compatibility.
3. What was the rationale for the construct of the current FM symptoms synth VAS? All the symptoms are the same as FIQ symptoms with the addition of "headache"? What were the anchor statements for each of the questions?

Authors’ response:
1. Yes, the possibility of comorbid fibromyalgia in RA patients was kept in mind during the patients’ evaluation and RA patients with comorbid FM were excluded from the study. This was added to the manuscript (p.6).

2. This is a good suggestion, which closely corresponds to the discussion of the content of the B-FIQ. A section on the FIQR and the suggestion to evaluate this version in future research was added to the Discussion (p.10-11)

3. The rationale for using the symptom VASs to examine construct validity was to allow readers to compare the findings of this study with the previous validation studies of the FIQ, such as those by Bae & Lee (Qual Life Res 2004;13:857-61), and Kim et al (J Korean Med Sci 2002;17:220-4). These studies used the same approach and VASs for current symptoms. The references of these studies were added to the Methods section (p. 7). Headache was added as several studies have observed that many primary FM patients also experience headaches and this common symptom is now also in the new Fibromyalgia Symptom Severity Score (Wolfe et al, J Rheumatol 2011;38:1113-22).

Minor Essential Revisions:
None.

Discretionary Revisions:
1. It is notable that stiffness in the FM patients significantly greater than that stiffness in RA patients. This is worthy of mention in the discussion.
2. It would be interesting to note the time of completion of the FIQ for the healthy controls. One might expect longer completion times in the FM patients due to cognitive dysfunction. If this result is available it would be worth adding to the manuscript.
Authors’ response:
1. Yes, the possibility of comorbid fibromyalgia in RA patients was kept in mind during the patients’ evaluation and RA patients with comorbid FM were excluded from the study. This was added to the manuscript (p.6).

2. The time it took to administer the FIQ was assessed for both the FM patients and the healthy controls and time to completion was indeed significantly longer in the FM patients (p<0.001). It took a mean time of 9.6 ± 1.6 minutes to administer the FIQ in the FM group, while 7.4 ± 1.3 minutes were needed to administer the FIQ to the control group. This finding was added to the manuscript (p.6 and p.11).

Level of interest: An article whose findings are important to those with closely related research interests
Quality of written English: Acceptable
Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests:
I have no competing interests.

Reviewer 2
Reviewer's report
Title: Cross-cultural adaptation and validation of a Bengali version of the modified Fibromyalgia Impact Questionnaire
Version: 2 Date: 8 July 2012
Reviewer: Jacob Ablin
Reviewer's report:
A well written study reporting a cross cultural adaptation of the FIQ into Bengali. An important contribution towards making the management of fibromyalgia more accessible outside the English speaking culture. The aims are clearly defined and the methods well described. The data appears sound and the manuscript adheres to the proper standard of data reporting. The discussion is clear and the writing is good. On the whole, a well performed study of practical importance.

Authors’ response:
We thank the reviewer for these positive comments.

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:
I declare that I have no competing interests