Author's response to reviews

Title: The assessment of Osteoporosis risk factors in Iranian women compared with Indian women

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Author's response to reviews:

Dear Dr. Annabel Phillips

Thank you for sending comments and suggestions. I have answered to some of the quarries and also I have done corrections and added some parts in text of manuscript regarding to the comments. Some more details and documents are available in additional files. If more explanations or corrections are necessary I am ready to reply.

The point by point concerns are as followed:

Referee 1 (Dr. elisabeth sornay-rendu)

1. Prevalent fracture and family history of fracture should appears in study
I have added information about history of fracture prevalence in text of manuscript (page 6) more information is available in additional file1 titled details.

2. The device used to BMD measurement should be indicated.
At present study all information about BMDs comes from DEXA method mostly using Lunar machines (in Iran Lunar DPX and in India mostly Lunar DPX and Lunar Prodigy)

There were few information that came from using Hologic Delphi DEXA machine in India. This limitation does not effect on the study results because following solutions controlled it: 1) BMDs did not compared with each other directly and subject divided in two osteoporotic and control (with normal BMD) groups in based of WHO definition. 2) Excluding subjects with osteopenic bone density and making gab between cases’ and controls’ BMDs (there was no chance for any overlap between cases and controls even by using different BMD machines).

3. Were the controls really matched for age with cases? Adjustment for age
should not be necessary.

The controls were matched with cases in 10 years groups (less than 45, 45 to 55, 56 to 65 and more than 65) but this kind of matching could not control the effect of age completely thus we have adjusted the result for age for tight control the effect.

4. How was evaluated food habit and physical activity?

Information about food habit included usual dietary intake, past and present dietary habit the Usual dietary intake (over the previous 12 months) was assessed by using a semiquantitative food-frequency questionnaire (FFQ). The present FFQ included far more detail on possible bone-related nutrients and other foods commonly consumed in Iran and India. To allow for greater detail on frequency of consumption, the variables "times per day" and "number of days per week and/or month" were included.

Physical activity and exercises information included self-report of physical activity divided to three conditions: normal, less than normal and more than normal and standing on feet for at least 4 hours.

Exercises including walking, stair climbing, yoga, gym and other exercises (aerobic, weight lifting, swimming and etc.)

Both food habits and physical activity questionnaires were checked and approved by experts of EMRC in Iran and CRD in India. The questionnaire is in additional file2 named questionnaire (see additional file2).

5. Were height and weight only self reported or measured

There were not self reported. Weight and height were measured and recorded in all BMD centers before measurement of bone density routinely. I have added this matter in text methodology section in part of anthropometric characters.

6. Descriptive characteristics of cases and controls in both countries are lacking

The most important descriptive characteristic information of cases and controls in both countries are available in file named details (see additional file1). Revising the manuscript according to 7th comment and answering and corrections at the base of other comment takes more time (at least 2-3 weeks) I am ready to carrying out these all.

Editorial ensues:

1-full name of ethics committee that approved the study:

This study was approved by Tehran university of Medical Sciences, Iran and also Ethics Committee for research on human subjects, Seth GsMedical College & KEM Hospital, Mumbai, India (see additional file named documents). I have mentioned it in the method section (Ethical issues)

2- the study participants:
A.Keramat contributed in study design and acquisition of data and analysis B.
Patwardhan and A. Chopra, contributed in study design and supervision and guidance during study period and also supervision in making the final report, B Larijani A. contributed in study design and supervision during the study period in Iran, Mithal, D., Chakravarty D; contributed in study design and supervision during the study period in New Delhi. H Adibi: acquisition of data, involved in drafting the manuscript. All authors approved the manuscript.

3-Competing Interest:
There is no financial or non-financial competing interest for this study

As I mentioned before making some of the corrections takes more time. Please let me know if that much is enough for making decision

Many thanks
Best regards
Afsaneh kermat