Author's response to reviews

Title: DLQI scores in vitiligo: reliability and validity of the Persian version

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Author’s response to reviews:

Dear Dr. Parkin:
I submit the revised version of the manuscript in which all of the reviewers' comments were done point by point.

According to Professor Mork's report, the following changes were done:

1- The title changed to: DLQI scores in vitiligo: reliability and validity of the Persian version.
2- The abstract was shortened.
3- Convergent validity, construct validity, factor analysis, internal consistency, and range of the paired correlation between the items were done.
4- Frequency of not relevant items was omitted.
5- We were assisting one trained nurse in patients' enquiries for comprehension of some questions and filling of questionnaire in illiterate patients of necessity.
6- Factor analysis was performed. It determined the Persian version of DLQI questionnaire was two-dimensional as other studies [Reference 12].
7- The internal consistency of the scales was determined by Cronbach's alpha in Table 1.
8- The range of the paired correlation between the items was presented in text.
9- At this study, we tried to confirm the Persian version DLQI validity and reliability, not criterion validity. Some relations were assessed and were brought in results section.
10- Cronbach's alpha < 0.70 for males, focal /segmental and covered groups may be related to small sample size and cultural differences, but this problem did not confounding in this study, because the study goals were obtained.
11- The cultural adaptation was done by the translation of the "partner" to the "spouse" in Persian language and adding of it in question 8 and 9, respectively. The final Persian version of DLQI was approved by Professor Finlay and is obtainable by permission as (dlqifarsi) on http://www.ukdermatology.co.uk/.
12- The explanation about IQOLA was brought in text.
13- Table 1 and 2 were eliminated and given in the other tables and the text.
14- In table 1 abbreviations were explained in the legends.
15- The definitions of covered and covered/uncovered, generalized versus focal-segmental were brought in methods section.
16- Implication of the vitiligo on quality of life was described briefly in the background.
17- The last sentence under results was omitted.
18- In the conclusion, dermatological disease changed to vitiligo patients.

According to Professor Prasad's report, the following changes were done:

1- The explanation about DLQI in relation to vitiligo was brought in background.
2- The association of DA and PR scales with severity factor was reframed.

Regards
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