Reviewer's report

Title: Clinical Profile, Outcome and Improvement in Quality of Life in Patients with Allergic Rhinitis

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Reviewer: Ignacio Jauregui

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REVIEWER’S REPORT

The article is a retrospective study of the patients suspected to suffer from AR attended at the ENT outpatient department of a private hospital in Karachi, from January 2006 to June 2008, based on a file review. It is a descriptive study of a series of 169 patients, intending to describe the impact of the disease and its treatment on quality of life, patient’s expenses and absenteism. Data recorded are presented accurately, with objectivity and a practical sense, and some conclusions are inferred, consistent with other existing studies in other countries and environments.

In my opinion, however, there are some major objections in the article before a decision on publication can be reached. These objections (always in MY personal opinion) are the following:

1. Diagnostic criteria for allergic rhinitis are absent from the text or tables. AR seems to be no more than a suspected diagnosis. It seems that the possible allergens involved were assumed from the patient’s history or anamnesis. Results on skin tests and/or specific IgE to suspected allergens are not described, so the diagnosis seems to be exclusively symptom-based. This makes very difficult to separate the subgroup of allergic patients from those affected by vasomotor, infectious or other inflammatory rhinitis, as well as those with polyps or other nasosinusal anomalies presenting with rhinitic symptoms.

2. It is not described how the QoL was measured. This is a very delicate issue, because QoL measuring is standardized worldwide. When using QoL as a parameter, it is mandatory to know what type of questionnaire was used (generic, or disease-related as RQLQ) and when was used: in baseline situation, and/or after starting therapy, and how long after. In a retrospective study, one cannot measure changes in QoL unless identical questionnaires were made before and after treatment. It is usual to specify in which domains the improvement was noted (sleep, daily activities at home and work, social activities, etc). In addition, QoL experts recommend to express improvement or changes “before/after” through specific correlation coefficients (see Juniper et al). Perhaps these technical issues in QoL could be overlooked in practice, but this should be explained in the discussion, in my opinion.

3. Some points in the discussion are confounding or reiterative. 1) Epidemiologic
data regarding allergens involved in AR are inexact and based on an outdated reference. 2) In my opinion, the possible bias in QoL improvement due to the higher socioeconomic level from the AKUH patients only deserves a brief mention, rather than a whole paragraph. 3) Every AR in office workers is assumed as occupational? 4) How the patients measured the “daily exposure time of allergens”? 5) There was or not a significant role for medications in QoL improvement, whatever the way this were measured?

4. Regarding the tables:
   • Table 1. Baseline characteristics of the patients are only related to the nature of job and the controversial “exposure time to allergens”. I think that a table with demographic and clinical characteristics (age, sex, evolution time, intermittent or persistent pattern, etc) is lacking.
   • Table 2. A list of common unspecific triggers is associated with symptoms. It is not clear if the percentages are related to the patients or the rhinitis episodes. Data are mixed with the frequency of absenteeism, not necessarily related to the former.
   • Table 3. Different variables are correlated with an improvement in QoL of uncertain measuring. Among these variables, again the controversial “exposure time to allergens” is included, as well as the type of prescribed medication, regardless of the concomitant use of several drugs.

5. Finally, regarding the references:
   • Ref. 7: Anonymous instead of “No authors listed”
   • Ref. 8. International Rhinitis Management Working Group as author.
   • Ref. 11. J Invest Allergol Clin Immunol
   • Ref. 18. It is a repetition of the reference #5.

ADVISE TO PUBLICATION

In conclusion, I think it is a valid manuscript that needs major compulsory revisions, overall involving material and methods (diagnostic criteria for rhinitis, methods to measure QoL), and discussion.

LEVEL OF INTEREST

Once these details become clear, the article’s conclusions could probably be important to those with related interests.

Quality of written English: Acceptable
Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:
I declare that I have no competing interests.