Author’s response to reviews

Title: Prevalence and Risk Indicators of Gingivitis and Periodontitis in a Multi-Centre Study in North Jordan: a cross sectional study.

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Author’s response to reviews:

Letter to the Editor of BMC Oral Health
Corrections to the Manuscript According to Reviewers’ Comments

Dear Editor of BMC Oral Health, 31/08/2011

Thank you very much for considering our manuscript entitled: “Prevalence and Risk Indicators of Gingivitis and Periodontitis in a Multi-Centre Study in North Jordan: a cross sectional case-control study.” for publication after major revisions. Please find attached a corrected version of the manuscript.

Further to our earlier correspondence, and based on your recommendation to complete corrections that we see fit due to the controversy between the reviewers, the corrections made are those believed by the authors to be the most appropriate. Here is a detailed description of the corrections made and their justifications:

Reviewer 1 Dr Javier Enrique Botero:
1. No corrections required regarding “question posed by authors”.
2. Reviewer recommended to put the definitions of “health”, “gingivitis” and “chronic periodontitis” in the paragraph talking about diagnosis. The definitions of periodontal health and gingivitis are now included on page 6, under Diagnosis, lines 1-8. However, the definitions of both chronic and aggressive periodontitis are present under Diagnosis, lines 9 to the end of the paragraph.
3. Diagnosis has been clarified. As for Table 3 (now Table 4), it was clarified on page 9 in the Results paragraph, under Prevalence of periodontal Diseases, line 5 that, because the number of AgP subjects was low, risk indicators would be more meaningful if the CP and AgP groups were compressed together in one group (for risk indicators, extent and severity of periodontitis). Therefore, Table 3 (Table 4 now) represents both types of periodontitis summed together in one group.

Clinical data regarding gingival index (GI), plaque index (PI), CAL and probing depth (PD) means are reported according to diagnosis in Table 3

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4. Diagnosis has now been clarified.

5. The majority of subjects had gingivitis (only) and this is clarified in Table 1

6. Limitations to the work are now listed on page 7 and 8. A paragraph regarding strength of the study was added on page 8.

7. Work on which the present study was based is mentioned on page 4, under “Study Population” line 14.

Taking into consideration that no previous studies on the prevalence of periodontal diseases among adults in Jordan has been published, and no controlled studies on risk indicators are present.

Reviewer 2: Dr Esmonde Corbet

1. The reviewer said that this study cannot report on the prevalence of any diseases in North Jordan. Previous published work (Khader et al, 2009) has used the same methodology and published on the prevalence of periodontal disease and obesity among adults in Jordan. The real need for a dental chair for examination and dental x-ray unit for accurate diagnosis dictated the choice of these centres/hospitals. We believe that this sample is representative of the population in the Northern part of Jordan, as people from surrounding villages and small towns usually seek treatment in Irbid. A variety of clinics and centres were chosen, i.e: one University centre, one government (Ministry of Health) hospital which is the oldest and largest hospital in Irbid, where a very large section of the population in the north seeks treatment. The Ministry of Health is the main provider of primary health care (PHC) services in Jordan (Haddad et al, 2011). Furthermore, two private clinics in two different parts of town were chosen to provide balance in the socioeconomic status between subjects in the study.

2. By definition, chronic periodontitis involves the presence of gingivitis because periodontitis cannot start without gingivitis. Therefore, when periodontitis starts, no diagnosis of gingivitis is given, although it is recognised that gingivitis is present. The diagnosis of “gingivitis” in this study (as it is throughout literature) means the presence of gingivitis only at the time of examination. Attachment and alveolar bone loss were excluded by clinical and radiographic examination. And although it is true that some subjects with gingivitis may develop periodontitis in the future, there is no possible way to know or predict that; and this is in fact a limitation to all periodontal studies that involve the diagnosis of gingivitis.

3. “A case-control study” has been removed from the title.

4. The definition and diagnosis of aggressive (and chronic) periodontitis are strictly in accordance with the criteria set by the American Academy of Periodontology (AAP) from 1999. This is the universally accepted definition at the moment.

5. The study sample is believed to be representative of the population in the northern part of Jordan, based on previous studies (Khader et al, 2009) and the opinion of an expert statistician.

Thanking you sincerely,
Dr Khansa Ababneh.