Author’s response to reviews

Title: School-based strategies for oral health education of adolescents- a cluster randomized controlled trial.

Authors:

Abdul Haleem (drahaleem@yahoo.com)
Muhammad Irfanullah Siddiqui (irfan7255@yahoo.com)
Ayyaz Ali Khan (ayyazalikhan@iadsr.edu.pk)

Version: 3 Date: 6 December 2012

Author’s response to reviews:

Thank you very much, the Editor of the journal, for your encouraging remarks about the improvement in the last draft of the paper. We also appreciate the continuous endeavor of the reviewers to raise the quality of the article. We have ensured that the present manuscript conforms to the journal style. We have also tried our best to improve the English. We regret that due to undesirable happenings in our part of the world regarding law and order situation; and deteriorating economy, finding a native English speaker and spending in terms of Dollars or Pounds are uphill tasks.

The following changes, as recommended by the reviewers, have been made in the present version of the article.

Abstract:

Jolanta Aleksejuniene (JA): The peer-led strategy exhibited the potential of producing positive peer group norms, thus creating a social environment conducive to health-enhancing behavior. This conclusive statement has been removed from the abstract as well as from the body of the text.

Background:

JA: In South East Asian countries a significant proportion of adolescents are having poor oral hygiene---- the addition of “caries” is needed. The role of poor oral hygiene in the causation of dental caries is a controversial issue in the dental literature and has been intentionally avoided.

Methods:

JA: Three hundred and twelve schools did not meet the eligibility criteria leaving behind 65 schools. It is unclear what eligibility criteria-----might influence the external validity of their study. The eligibility criteria for schools have been mentioned in the ‘sampling and randomization’ section (Page 8). The reviewer’s concern about the threat to the external validity may be valid because of the ‘convenience sampling’ of the towns and this issue has been addressed in the last para of the ‘Discussion’ section- Page 23.
JA: The ten-point check list, no details about this are provided in the manuscript. Points given on Page- 9.

JA: No specific details are provided about the questionnaire items. The items have been detailed in ‘Data collection methods’ section- Page 12 & 13.

JA: No specific details are provided about clinical measurements (gingival bleeding, bleeding on probing, etc.). Details added on page 14 & 15.

JA: Most of the questions were based on the established scientific facts in OHE. References 15-17 have been inserted.

Donald Chi (DC): Mention that analytic plan included the estimation of odds ratios. As we used log link function in GEE, we got effect sizes in the form of risk ratios that has now been stated in the ‘Data organization and analyses’ section- page 16.

DC: In the last sentence of ‘Data organization and analyses’ section, if previous literature is mentioned, the authors might consider including the reference(s). References have been added- page 17.

Results:

JA & DC: Figures 1 & 2 have been titled.

JA: Although researchers did a total of four evaluations, only baseline data and final evaluations are compared. The explanation has been given in the first para of the ‘Discussion’ section- Page 19.

JA: No statistically significant differences were found between the two groups of subjects with regard to gender, type of school, oral health knowledge, attitudes, behaviour, plaque without bleeding on probing, plaque with bleeding on probing and calculus”. ‘at baseline’ added- Page 17, Line 10.

DC: The Results do not correspond to the data presented in the tables. Corrections made on Page 18 & 19. A little description of Table 2 has been added on page 17 & 18.

Discussion:

JA: A MEDLINE search of the dental literature failed to identify any study that compared all the OHE strategies investigated in the present study- other studies comparing two or more strategies for health education still brings important evidence---. A summary of the search strategy with the key words has been inserted on page- 20.

JA: One significant finding of the present study had been that the peer-led strategy was statistically as effective as the dentist-led strategy and more effective than the teacher-led and self- learning strategies of OHE strategies in improving---. The statement has been modified in the abstract- Page 4 as well as in ‘Discussion’- Page 21.
JA: The same referencing style should be used throughout the paper. This has been checked as per requirements of the journal.

JA: Also no previous estimates of cognitive or behavioral measures included in the present study were available for the study population” from this statement the question arises--? We could not comprehend whether it was related to the ‘level of interest’ or remained incomplete. A query was made but a go-ahead was given by the Editor.

DC: The first sentence of the ‘Discussion’ section makes a sweeping generalization and does not mention outcomes for which there was no difference. The sweeping statement has been omitted and non-significant results included.

DC: For Tables 2, 3, and 4, it might help readers if the authors presented the outcomes in the order of the hypotheses. There are so many outcomes measures. The concern of the reviewer about too many outcome variables is pertinent. But one of the contributory factors in that has been the breakdown of the OHS index into three components in order to highlight the issue of gingivitis through a comparison with other studies.

DC: The primary hypothesis gets lost. We tried to keep that into view in results and discussion but because of the above limitation, it was always a difficult job. We feel that the comparison between the dentist-led, teacher-led, peer-led and self-learning strategies of oral health education was of prime concern and that has been clearly depicted in the ‘conclusions’ section.