Reviewer's report

Title: Time loss due to oral health issues in the Canadian population: analysis of a nationwide cross-sectional survey

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Reviewer: Wael Sabbah

Reviewer's report:

This is a very important and interesting paper that addresses time loss due to dental problems and dental care in a nationally representative sample of the Canadian population.

I have few suggestions to improve the manuscript.

Minor Essential Revisions

Background:
Page 3, 2nd paragraph: The authors stated “this study thus aims to provide……estimates of the economic impacts of oral health issues....” this aim is inaccurate since the study did not include an estimate of dental treatment. The authors may consider using the objective statement used in the abstract.

Materials and Methods
Page 5, 2nd paragraph: “Descriptive statistics (frequencies, means) were used to observer the sample”. Did you mean observe?

Please state explicitly all the variables that were included in the two final regression models

Results
In the text it was stated that 5,600 persons participated in CHMS. However, in Tables 1&2: N was reported as 29,157,460 for age, and similar figures for the rest of the variables. What are these numbers? Please use actual numbers included in the survey in the Tables and the results section.

Discretionary Revisions

Materials and Methods
Why did the authors decide to invert Odds Ratio below 1? This was confusing in reading the tables, especially when the odds ratios are reported in the text indicating lower probabilities. Unless you have a good reason for this, I suggest reporting odds ratios as produced by the statistical program.

Discussion
One of the important limitations of the data is that the CHMS question pertaining
to time loss did not distinguish between time loss for dental check-ups and treatment (whether preventive, curative or emergency), and time loss due to dental pain or dental problems (without seeking treatment). The lack of discrimination between time loss for dental treatment (which could be mostly for preventive reasons as shown in other Canadian studies) and due to pain or problems may explain why persons at the top of the social hierarchy reported more time loss. It would also explain why, for example, persons with DMFT=0 reported losing more time than persons with DMFT >0 as reported in Table 3. In other words, it is possible that most of the time loss reported in this study was due to seeking routine check-ups and preventive services, while those with real dental problems did not lose as much time on dental “issues”, perhaps due to barriers with access to care. This line of explanation is also consistent with the “inverse care law” that is well demonstrated in relation to the use of dental services in Canada and USA.

**Level of interest:** An article of outstanding merit and interest in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests