Author's response to reviews

Title: Socio-behavioural factors and early childhood caries: A cross-sectional study of preschool children in central Trinidad:

Authors:

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Author's response to reviews: see over
June 24th 2013

Dr. Christopher Foote  
Executive Editor  
Biomed Central

Dear Dr. Foote,

**RE: Socio-behavioural factors and early childhood caries; A cross-sectional study of preschool children in central Trinidad.**

We have submitted a further revision of the above-mentioned manuscript in which we have addressed all the comments and suggestions arising from the previous submission along with a response to the reviewer, where we detail the changes.

Thank you again for your consideration.

Sincerely,

**Rahul Naidu**  
(*Corresponding author*)

Attached (below): Response to Reviewers (2 pages)
RESPONSE TO REVIEWER'S REPORT

1. After having described the sampling method (in which they exclude small and large schools) they cannot talk about a random sample.

   We have changed the description of the sampling method to reflect this point: page 6, paragraph 1 lines 1-3.
   This point is now also referred to in relation to ‘selection bias’, under the section Limitations of the study: page 15, paragraph 2, lines 7-8.

2. Inconsistencies remain between what is written in M&M and the results e.g. continuous data are presented as mean, categorical with 95% C.I.; what about the presentation of mean dmft scores with 95% CI??

   Consistent with the description in the Method, means and confidence intervals are now reported for the mean dmft: page 10, paragraph 1, lines 4-8.

3. I do not understand why the authors do not apply the internationally agreed definition of s-ECC? Why making their own adaptation? It precludes comparison of the data with other epidemiological studies.

   The definition for severe ECC was modified to account for use of whole tooth score rather than surface data. This explanation is now given: page 10, paragraph 2, lines 2-4.

4. The definition of treatment need and urgent care are still missing. They should be in M&M.

   These have now been included in the Method: page 7, paragraph 1, lines 4-9.

5. The manuscript still contains typos and inaccuracies.

   These have been corrected.

6. Referral to table 1 is missing

   Explicit reference to Table 1 is now made on page 11, paragraph 2, line 1.

7. Some lines in the discussion contain results that have not been described in the Results section.

   Results and discussion have been made consistent. In particular reference to results on treatment need page 13, paragraph 2.

8. A reference is missing for the last line on page 12

   This missing reference [25] has been inserted; page 13, paragraph 4, line 8.
9. Middle of page 13 - newly inserted text: "In this present study ...visit. This somewhat contradictory finding ..." - this is not contradictory at all. What is contradictory is that based on the multivariable analysis both not having access to dental care AND having gone to the dentist are related with visible caries experience in the same direction. That is what the authors should reflect on.

This section of the results has been re-written: page 13 paragraph 4 lines 8-9 continued page 14 lines 1-5.

10. Page 13: "Although there is ..." - i would like to see a hypothesis why SES was not associated with caries experience.

We now suggest reasons for this lack of association: page 14, paragraph 3, lines 1-6.

Table 2: make clear "dental health" was rated by the parents; re-phrase "previous dental experience"

These have been re-worded as ‘dental health rating by parent’ and ‘previous dental visit’ respectively, in Tables 2 and 3.

Table 3: $p=0.000$?

This has been corrected to $p<0.001$ (Table 3).

Comment 5 > adopt answer in manuscript

Comment added to the text: page 7, paragraph 2, lines 1-2.

Comment 6 > adopt answer in manuscript

Comment added to the text: page 8, paragraph 3, lines 11-12.

Comment 18. "we report mean dmft to illustrate disease burden was confined to relatively few children" - I do not think that disease distribution can be deduced from means.

In the revised manuscript we do not discuss disease distribution based on the mean dmft.