Author's response to reviews

Title: Do dentists have better oral health compared to general population? A study on oral health status and oral health behavior in Kathmandu, Nepal

Authors:

Madhu Wagle (madhu.wagle@uit.no)
Tordis A. Trovik (tordis.a.trovik@uit.no)
Purusotam Basnet (purusotam.basnet@uit.no)
Ganesh Acharya (ganesh.acharya@uit.no)

Version: 3 Date: 12 March 2014

Author's response to reviews: see over
Dear Editor,

Thank you for considering our revised manuscript “Do dentists have better oral health compared to general population? A study on oral health status and oral health behavior in Kathmandu, Nepal” for publication in *BMC Oral Health* in *Section Epidemiology of Oral Health*.

We would like to thank the reviewer for the constructive comments and helpful suggestions. We have revised our manuscript taking into consideration the comments provided by the reviewer. Below, we have provided an itemized response to all the comments and described if they have led to any changes to our manuscript. The changes in the manuscript are highlighted in red.

Yours sincerely

Madhu Wagle, BDS
Research Fellow
Department of Clinical Medicine
University of Tromsø - The Arctic University of Norway
E-mail: madhu.wagle@uit.no
Reviewer's report:

Minor Essential Revisions
Manuscript: Do dentists have better oral health compared to general population? A study on oral health status and oral health behavior in Kathmandu, Nepal
Madhu Wagle, Tordis A. Trovik, Purusotam Basnet, Ganesh Acharya

1. Abstract
In the conclusion it is mentioned that Nepalese dentists had less CARIES PREVALENCE. However, the caries prevalence for both groups was not reported in the manuscript, only caries experience. Actually it is worth to calculate and report caries prevalence.

We really appreciate this comment. DMFT or DMFS are known means of numerically expressing the caries prevalence ([https://www.mah.se/CAPP/Methods-and-Indices/for-Caries-prevalence/](https://www.mah.se/CAPP/Methods-and-Indices/for-Caries-prevalence/)), and our conclusion was based on the fact that the prevalence of decayed and unfilled (not restored) teeth was lower among dentists compared to laypersons (table 1). Another “rapid and effective way of estimating the prevalence of caries in a population is by classifying a group of subjects as caries-free or not” (WHO Oral health survey-basic methods, 4th edition, 1997). Therefore, we have now provided the information on the proportion of caries-free subjects in our study populations (abstract and results section). We found it to be similar (10%) in both groups. We have modified our conclusion (abstract and conclusion section) accordingly in our revised manuscript.

2. Lines 110-111: ‘Community Periodontal Index of Treatment Needs (CPITN) index was used….’
Remove word ‘index’ after (CPITN)

The word index has been deleted.


The word ‘caries’ has been included as suggested.

4. Line 151: Re-write the sentence: ‘From after every meal to never…’

Thank you. The above mentioned sentence has been re-written. Hopefully it is clearer now.

5. Discussion
Lines 227-229: ‘The reason behind the less number of carious and higher numbers of restored teeth among the dentists compared to the laypersons could be due to better oral hygiene or more frequent dental visits and treatment when indicated.’
If it is due to ‘better oral hygiene’ why then dentists have more fillings? If dentists regularly brush their teeth with fluoridated toothpaste we should expect that they will have less cavitated lesions and less restorations… It seems that the reason of having more fillings might be because of more frequent dental visits and better access to care. The overtreatment might be also the reason.

Thank you for your comments. We agree that more frequent dental visits and better access to care could also be reasons for having more fillings among dentists. As the percentage of “caries-free” subjects was similar in both groups, overtreatment among dentists cannot be excluded. Similarly, as the self-reported better oral health behavior among dentists was not associated with lower caries prevalence, the possibility of over reporting of good dental behavior by the dentists cannot be excluded.

These arguments have been added to the discussion.

Check the prevalence of caries disease between two groups.

Please see our response to comment 1. The prevalence of DT and FT among dentists and laypersons was 54.9 and 68.2 and 83.6 and 18.1, respectively.


Reference has been included (ref. 22).

7. Line 251: ‘Although dental caries was relatively more prevalent…’ The prevalence of caries was not reported in the manuscript.

Thank you for the comment. We have now modified this sentence to read “Although decayed and unfilled teeth were more frequent among Nepalese laypersons compared to dentists”.

8. Among limitations may be also: the caries lesions were detected form cavitated diagnostic threshold, thus the non-cavitated lesions were not taken into account.

This limitation has been acknowledged in our original manuscript (lines 302-303 in the revised manuscript). The word ‘interdental’ had been replaced by the word ‘dental’. Now it reads “the dental caries was recorded by visual and tactile method without taking radiographs”.

9. Conclusions:
See my comment #1 (caries prevalence)

Conclusions have been revised.

Thank you!!!