Author's response to reviews

Title: Dental Fear and its possible Relationship with Periodontal Status in Chinese Adults: A preliminary study

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Dear Editor:

Thank you for giving us the chance to resubmit our manuscript (the primary manuscript number was MS: 5956032011418362). We resubmit the manuscript after making the suggested modifications, and the limitation about the self-report data about perio has been supplemented in the discussion section.

The point-by-point responses are provided below. We do hope to have a chance to publish our manuscript in BMC oral health. Please tell us, if there is anything we need to do for the revised manuscript.

Thank you very much for your attention and reconsideration.

Sincerely yours,

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Details answers in response to editor’s comments:

1. Section Editor comments:

Self-reported perio can be used in epidemiological studies but cannot be reported with accuracy and thus this paper cannot draw sound conclusions without acknowledging the limitations of these measures, which it does not. Paper 15 Blicher is just one of many considering the validity of self-report, and more recently Ekes et al have documented self-report perio. Please considered the issues around self-reported data and clearly discuss it as a limitation of your study.

--- Answers: Thank you for your suggestion. The issues around self-reported data were discussed as a limitation of the present study in the discussion section#page 13 line 4-18#. 
In the present study, self-reported measures were used to identify periodontal disease. Epidemiological studies based on large population were usually conducted by surveys rather than clinical examination for their easy performance, low cost and simple rating systems. Gregg et al suggested that loose tooth was significant associated with attachment loss [1]. Moreover, tooth mobility was considered as a valid measure for positive relationship with severe periodontal disease [2]. “Have you had periodontal disease with bone loss?” and “Has your dentist/hygienist told you that you have deep pocket?” had been proved sufficient validity [2]. The three questions mentioned above were used in the present study. Additionally, good validity was shown in other self-reported questions. For example, Eke et al reported good sensitivity and specificity of the combination of demographic measures and responses effects using 5 self-reported questions for predicting periodontitis [3].

However, self-reported measures may cause inaccuracy for its patient-base evaluation, which is the limitation of the present study. Therefore, it is necessary to perform clinical examination to diagnosis periodontal disease for further investigation of the relationship between dental fear and periodontal status.

2. Executive Editor comments:

1) Please include all authors email addresses on the title page

---- Answers: Thanks! The email addresses have added on the title page in the revised manuscript.

2) Please state in the Methods section whether written informed consent for participation in the study was obtained from participants or, where participants are children, a parent or guardian.

---- Answers: Thanks! Inclusion criteria for the subjects in the present study included: 1. Over 18 years old; 2. No cognitive impairments and eye diseases; 3. Able to complete the questionnaire independently. Written informed consent for participation in the present study was obtained from participants prior to the investigation. The corresponding contents were supplemented in the “Methods” part of the revised manuscript (page 6 line 14-15). Additionally, the “Methods” part of the revised manuscript was rearranged into three sections for better understanding.

