Author's response to reviews

Title: Pilot survey of oral health-related quality of life: A cross-sectional study of adults in Benin City, Edo State Nigeria

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

Thanks for forwarding the comments by the reviewers, which we found very helpful, and it contributed to improve the quality of the manuscript. We have addressed all the concerns regardless of whether they were classified as general or compulsory. We have reproduced the reviewers’ comments below and our responses are in the section following the series of asterisks "****" after the comments

Reviewer # 1
Major Compulsory Revisions

COMMENTS 1) – The manuscript has considerably improved. The authors dealt adequately with my concerns. Only one point needs to be clarified. In my opinion, the importance of confidence intervals cannot be stressed enough. Results of the present study are derived from a sample and confidence intervals indicate other plausible values for the measure of interest. Especially for small studies they are valuable because they describe the precision of the study results. I don’t think that confidence intervals would be misleading in the present situation. Having read the authors response I still recommend to provide confidence intervals for key results.

**** We have now included 95% confidence intervals (CIs) in key results in the results section of the manuscript. The CIs have been placed around all estimates such as medians and means as suggested by the reviewer.

Reviewer # 2

General
I have read the revised manuscript which has improved considerably. I can see that the authors have addressed many of my comments satisfactorily. However, I have still some further comments/questions that I would like the authors to consider before the paper can be accepted for publication.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
COMMENT 1)

**Ad introduction**: the description of the inventory is still somehow unclear. This description would benefit from information regarding 1) how many items totally in the original OHQoL-UK? 2) How many items included in the "effect" dimensions and in the "impact" dimension

**** We have included in the background/introduction section information about how many items totally in the original OHQoL-UK inventory and how many items are included in the “effect” and “impact” dimensions as suggested by the reviewer.

COMMENT 2)

**Ad introduction**: The description of the OHRQoL measure as divided into "effect" and "impact" dimensions is particular for the OHRQoL-UK and the reader might not be familiar with them. This information should be guided by appropriate references.

**** We have described the “effect” and “impact” dimension and also included the appropriate references on OHRQoL-UK instrument to enable unfamiliar reader acquit themselves with the instruments as suggested by the reviewer.

COMMENT 3)

**Ad purpose**: The particular OHRQoL inventory (i.e OHQoL-UK) used in this study should me mentioned in the purpose

**** The particular inventory (i.e OHQoL-UK) used in the study has been mentioned in the purpose section of the study as suggested by the reviewer.

COMMENT 4)

**Ad methods** – this section is still somewhat unstructured and could easily be improved by providing sub-sections – for instance in terms of sample procedure, measurements, statistical procedures. The description of the structure of the modified OHROoL-UK ct” dimension used in this study? 3) How was the sum scores constructed (by adding which items). 4) What about the descriptive statistics of the different sum scores (i.e. effect, impact and overall scores?) 5) What about the internal consistency of the scores? Fraction of this information are scattered around. For instance on p 7 an overall OHQoL-UK score is indicated with a range from 16-144 but without further information (what items/dimensions does this score consist of?). Does it appear in the analyses? On page p 9, first section – a sum score of the
effect dimension is described but with no further reference to the items included). The requested information might be derived from the tables – but the article would be much more easily available if necessary information was stated clearly in the text.

**** We created subsections in the methods section to accommodate the reviewers comment. We have also described the modification of the instrument used in the study as different from the original OHQoL-UK instrument as suggested by the reviewer. We explained how the sum scores were calculated and the item questions included in the calculation in the data collection section. We have also made a sentence about the internal consistency of the scores with appropriate references and reorganized the information about sum scores to accommodate the reviewers comment that “fraction of these information are scattered around”.

COMMENT 5)

Ad results: Table 1 is descriptive and includes the total sample. The number included in the analyses could be indicated. Table 2 and 3 presents results from bivariate analyses – and thus the relationships revealed are not controlled for any possible confounding factor. This makes the results less reliable and thus not applicable as guidelines upon which policy makers can make their decisions. This limitation should be accounted for in the discussion. The problem with confounding was one of my main objections in my initial review. My main point is to examine in a multivariable analysis whether the relationships revealed by the bivariate analyses (presented in Table 2, 3) remains after adjusting for possible confounding factors (e.g. age, gender, educational level). The results revealed from ANOVA as described on p 10 – does not seem to handle this aspect appropriately. A further note is that the n for men and women in table 2 and 4 and the n for the different dental attendance groups in table 3 should be indicated in the tables. The asterick indicating statistical significance in table 2 should indicate level of statistical significance. It might be an idea to be consistent as regards to those symbols throughout the study. (i.e. different symbols indicating statistical significance in Table 2 and 3).

**** As suggested by the reviewer, we have included the total sample included in the analyses in the tables. We have also done a multivariable analysis to adjust for possible confounding factors (e.g., sociodemographic factors) and added some Odds ratios (and their 95% CI) as recommended by the reviewer. All the information is clearly stated in the methods and results sections. The “N” for men and women in table 2 and 4 and the “N” for the different dental attendance groups in table 3 have been indicated in the tables. We have also changed the symbols indicating statistical significance in table 2 and 3 to allow for consistency throughout the study.
Ad Discussion: Overall I think the discussion is too long and could preferably be shortened. The discussion part still presents results from the study (previously not presented in the result part) to support the interpretation of the data. Examples—"most of the participants had tertiary education—(p11), "With a large proportion of participants reporting that their visiting a dentist depends upon perceived need for treatment” (13)----, ” For example 71% of the participants reported that they would go to a dentist ” (p13)----and ”a substantial proportion of participants (21%) reported that they had” (p139----, a large majority reported that they could not afford 88% (p13)----The problems with this could easily be solved by making a table showing the distribution of the main socio-demographic factors (age, educational level) and behavioral factors (e.g. dental visiting, reason for dental visiting, reason for not attending dentist) for instance by gender. (a sample profile).

**** As suggested by the reviewer, the discussion section has been shortened. Results discussed in the discussion section are all in the results section either in the text or in the tables. Examples “most of the participants had tertiary education (p11)” can be found in the first paragraph in the results section and other similar information requested by the reviewer on age, dental visits, reason for dental visits, gender, affordability of dental care and reason for not attending dentist.

We look forward to your early favorable response to this re-submission.

Thanks.
Christopher okunseri