Reviewer’s report

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

Version: 1 Date: 10 January 2005

Reviewer: Anne Nordrehaug Astrom

Reviewer’s report:

General

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

1). This paper addresses an important issue in dental research, to assess self reported oral health and oral health related quality of life in general and disease specific populations. Truly, this is a relatively new area, particularly in the context of developing countries. In the introduction, the authors refer, rather briefly to oral quality of life instruments (OHQoL) developed and validated in various parts of the world. The paper would benefit from providing a more explicit description of the most common instruments available together with the actual references. Also needed is a more careful description of the theoretical and conceptual background for development of OHQoL instruments or socio-dental indicators.

2) There is a lack of relevant references regarding the application of OHQoL instruments, particularly in developing countries. The authors give the impression that the present approach is a completely new one in sub-Saharan Africa which is not the case (e.g. Å…strÃ¬m AN, Okullo I. Validity and reliability of the Oral Impacts on Daily Performances (OIDP) frequency scale: a cross sectional study of adolescents in Uganda. http://www.biomedcentral.com/1472-6831/3/5; Masalu JR, Å…strÃ¬m AN. Applicability of an abbreviated version of the oral impacts on daily performances (OIDP) scale for use among Tanzanian students. Community dent Oral Epidemiol 2003; 31: 7-14; Soe KK et al. reliability and validity of two oral health related quality of life measures in Myanmar adolescents. Community Dental health 2004; 21: 306-311).

3) The writing is not satisfactory and there is a need for language corrections throughout the manuscript.

1) The purposes of the study should be described more clearly. Ad 1): without providing a description of the OHQoL instruments (see below) utilized throughout the introduction the first purpose in terms of describing the effect and impact is less meaningful. What is the difference between effect and impact of the oral health related quality of life factors presented? Ad 2) this purpose should be rephrased in terms of exploring the association between oral quality of life scores (effects or impacts?) and oral health care seeking behaviour.

3). the authors claim to use oral quality of life instrument similar to what has being used in the OH-QoL UK - without further explanation. For readers to understand what is the instrument applied, itâ€™s a prerequisite that the authors describe the instrument carefully, its single items used, the justification for arriving at a number of dimensions, the scoring system applied and eventually how the current application deviate from the reference instrument of OH-QoL UK. The items included under attributes of effect can be derived from tables 1-3. It appears that three dimensions in terms of physical, psychological and social are derived from 16 single items. The question is: whatâ€™s the rationale for the current division of domains?? For theâ€”attributes
of impactâ€”three dimensions in terms of daily activities, social activities and talking to peopleâ€”are mentioned (table 4). From what single items are those dimensions derived and what is the correspondence between attributes of effects and attributes of impacts? How did the authors arrive at the summary score of oral health effects on quality of life described on page 8 line 3-5?

4) The method in general seems appropriate but important details are lacking. The authors need to justify their choice of two large outpatient medical care facilities, in light of having a study group consisting of mainly young and well educated attendees. A more careful description of the interview situation is needed as well, in terms of place, time, etc.

5) Recognising the wide age range (18-64) of the study group and the fact that OHQoL often vary with age and gender it seems reasonable to provide the age adjusted prevalence scores (possibly also separately for each gender) with 95% CI rather than reporting the prevalence rates for the whole group. To avoid small figures in the cells, categories should be reduced (e.g. from five to three). Table 3 shows the effect responses according to previous dental visits. My main objection is that conclusions are based on a bivariable analyses without even mentioning the possibility of confounding. Some kind of multivariable analyses should be provided to adjust for possible confounding effects of for instance socio-demographic factors (i.e. factors that associate with both quality of life and dental visiting). Moreover, it is confusing that the discussion is supported by provision of new results, i.e. findings that are not reported in the result section.

6) Tables- both percentages and numbers should be presented. The headings of the tables should be more informative. Table 3 is difficult to grasp and should be revised.

**What next?:** Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

**Level of interest:** An article whose findings are important to those with closely related research interests

**Declaration of competing interests:**

None