Reviewer's report

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

Version: 3 Date: 8 April 2005

Reviewer: Anne Nordrehaug Astrom

Reviewer's report:

General
Review of the revised manuscript "Pilot survey of oral health related quality of life: A cross-sectional study of adults in Benin City, Edo State Nigeria."

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)

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

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

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

Ad methods – this section is still somewhat unstructured and could easily be improved by providing sub-sections – for instance in terms of sample proceduree, measurements, statistical procedures. The description of the structure of the modified OHQoL-UK is important in this study? 3) How was the sum scores constructed (by adding which items). 4) What about the descriptive statistics of the different sumscores (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.

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 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 multivariabel
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 asteric indicating statistical significance in table 2 should indicate level of statistical significance. It might be an idea to be consisten as regards to those symbols throughout the study. (i.e. different symbols indicating statistical significance in table 2 and 3).

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 behavioural factors (e.g. dental visiting, reason for dental visiting, reason for not attending dentisist) for instance by gender. (a sample profile).

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

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Discretionary Revisions (which the author can choose to ignore)

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

Quality of written English: Needs some language corrections before being published

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests