Author's response to reviews

Title: The Dutch version of the Oral Health Impact Profile (OHIP-NL): Translation, reliability and construct validity

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Dear Dr. Graham,

Thank you for your letter concerning our article “The Dutch version of the Oral health Impact Profile (OHIP-NL): Translation, reliability and construct validity. We have read and appreciated both the positive comments and the points of criticism of the two reviewers, and we have formulated reactions and changes to these comments.

The criticism of both reviewers, about the differences between convergent and group validity measures used, and about the absence of clear hypotheses about these measures, were acknowledged. The two types of validity were treated differently, but this was not clearly explained in our article. Therefore, we have changed the text to meet these requirements, and have formulated the hypotheses.

Reviewer Paul Allison comments about the nature and size of the sample, and suggests that we should discuss the effect size in the discussion. The size of the sample was based on convenience and other OHIP reports, using all the patients during a specified time span of 4 months. We have now included this information in the text. Basically, the analyses confirm prior hypotheses. We included data about effect size, using omega2 measures after ANOVA, to further inform the reader about this issue.

Paul Allison’s comment about the validity of questions about burning mouth syndrome, number of teeth, etc. is similar to comments of reviewer Cinzia Brunelli, who suggests that it would be better to use a gold standard instead of several different variables to calculate construct validity. We totally agree with this point. To our knowledge, alas, no gold standard exists yet in OHRQoL research, so we decided to use the variables that were used and supported in other OHRQoL studies. We also included the complaints-related disability questions that are similar to pain-related disability variables used in temporomandibular disorder studies. The questions related to a negative impact of complaints on daily functioning, are a different way to examine impact of dental status on one’s life and should be highly associated to OHIP scores. In fact the correlations were very high and all other hypotheses were also supported, except for burning mouth syndrome. In the absence of a gold standard we would prefer to use several measures, so that they can confirm each other as they did.

As far as reviewer Brunelli’s comments on the use of tertiles, and the use of Spearman’s rho for group validity is concerned, we have discussed it in the following way: There are different ways to examine the associations between variables. Using the ‘raw’ data and correlation coefficients would be a good way, but making categories on the basis of frequency of occurrence, leads to a clearer presentation of the data. One could argue to create 4, or more categories, but we
doubt if that would make much difference. We actually did calculate Spearman’s rho, t-tests, and ANOVA and as we expected, no significant differences between different methods of analysis were found. We favored our approach; however, we have no problem in presenting the ANOVA instead of Spearman and Point-biserial analyses. To make the presentation more clear and uniform, we use ANOVA for all the variables, as is shown in table 4.

The duplicate word ‘negativen’ on page 6 was deleted.

We hope that we reacted satisfactorily to the reviewer’s feedback on our article. If there are any more questions or comments about the text, we will be most willing to clarify these.

Sincerely,

Marylee van der Meulen