Author's response to reviews

Title: Descriptive cross sectional study on prevalence, perceptions, predisposing factors and health seeking behaviour of women with stress urinary incontinence

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Author's response to reviews: see over
Natalie Pafitis,  
Executive Editor,  
BioMed Central Public Health Journal.

Dear Ms Pafitis,

RE: “Descriptive cross sectional study on prevalence, perceptions, predisposing factors and health seeking behaviour of women with stress urinary incontinence(SUI)”

Thank you for the very constructive editorial and reviewer comments. I have been able to address them all and now the manuscript reads very much better.

I am pleased to submit the revised manuscript with this letter listing my responses and corrections to the comments made by both reviewers and editor.

I am very hopeful that the article addressing a specific issue from an Asian population of women could be published in the revised format.

Thank you  
Sincerely,

Jennifer Perera  
Corresponding author
Reviewer 1

Reviewer:
Cuili Wang

Reviewer's report:

Discretionary Revisions:

1. In the third paragraph of the result, the prevalence of SUI with age may be better reported using the line figure instead.

   I have changed the Table 3 into Figure 1 and at a glance it is more informative compared to the Table.

Minor Essential Revisions:

1. In the method section of abstract, the surveyed region or country and the duration of this survey should be provided. It is the case for the method section of text. Whether the outpatients seek care for UI condition needed to be clarified.

   I have included this information in both the abstract in page 2 lines 40-41 and the full text page 6 lines 148-150

2. Please recheck the data and ensure that the data in abstract should be consistent with the text, such as range of age is 20-88 in abstract, while 21-88 in the text. Abstract: #20 years, in the text: 20 years of age.

   Yes it was a mistake, Both should read as >20 and I have revised this in the abstract in page 2 line 40

3. In the first paragraph of Material and Methods, i.e. “After obtaining ethical clearance from the ethics review committee at Faculty of Medicine”, the Institution such as “… University” is provided.

   I have included the details of the institution in page 6 line 143

Major Compulsory Revisions:

1. In the second paragraph of Material and Methods, i.e. “A pre-tested, expert validated (5 content experts were used in validation), interviewer administered questionnaire was used as the study tool”, please provide the details on psychometric characteristics, such as “content validity”.

   I have clarified the method of content validity including the scoring methods for the questionnaire used in page 6 lines 155-157. No other psychometric analysis was carried out.

2. The diagnosis criteria for SUI used in this study should be provided in the
The diagnosis was made on direct questioning of the patients and no physical examination was carried out and this fact is clarified in page 6 lines 159-162.

3. Table 4 is not clearly reported in that the reference is not listed. For example, the second risk factor is parity. Only the parity #1 and its prevalence of UI was listed, but the comparable group (null parity) and the related prevalence were not listed. The chi square test is to test the prevalence of SUI between the two groups. So the data presented here are not adequate. It is the case for other risk factors.

In addition, for some risk factors such as UV prolapse, faecal incontinence, the sample size may be small restricted to chi square tests.

I have included additional details for all the risk factors for both groups of patients including OR and exact p values in Table 3. Continuity correction was applied to small values during statistical analysis as mentioned in the foot note. This was carried out using assistance from a statistics expert.

4. In discussion, besides reporting the different fact or number, more deep information or background in the surveyed country or region may help understand the possible reasons for the differences between the surveyed Asian setting and other western countries. For example, the third paragraph, the reasons for not seeking care for UI.

Additional discussion based on above was included in page 9 lines 229-232.

5. In the fifth paragraph of discussion, “As reported in a study from Egypt [28], uterovaginal prolapse seemed to coexist with urinary incontinence”, this is different from the result in this study. The reason for the difference is partially in that the sample size in this study (number of women with UV prolapse is 10) is too small and the data or result is not adequate to support this conclusion. Besides providing the supported references, more details on why the risk factor increased the presence of SUI may improve readability or informative.

I have addressed this by removing the risk factor of UV prolapse as I agree with the reviewer that UV prolapse could not be diagnosed reliably without performing the gynaecological examinations, particularly grade 1 prolapse may not be noticed by patients compared to grade 2 and 3.
Reviewer's report 2

Reviewer:
Binjwala Shrestha

1. Is the question posed by the authors new and well defined?
Comment 1: The research problem posed is not new in the context of Urinary health problem, however in the context of health care seeking behavior in the context of Srilanka, this study is relevant for strategic health promotion program. Therefore the study problem is relevant in the Shrilanka context.

Comment 2
Page 3 line 73 delete this is redundant
I have deleted it the title 'Full paper'.

Background
Comment 3
Page 3, line 77-79 add reference
The reference number 1 is added in page 3 line 77

Comment 4:
Add : review literature related to pelvic organ prolapse to include risk factor of SUI
The UV prolapse as a risk factor was omitted as it could not be diagnosed precisely without performing gynaecological examination so in the revised paper this was not included in the literature review

2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work?
Comment 5:

Comment 5.1
Page 6 line150-155
How author decided 400 study participants, please elaborate and what was the sampling frame, please describe
The number to be studied was arrived at is described and the sampling method has been included in the methodology in page 6 lines 143 -150.

Comment 5.2.
Page 6 line 159-160
Make clear whether gynecological exam done or not done to exclude pelvic organ prolapsed
No physical examination was carried out in participants as mentioned in. Page 6 lines 161-162
Comment 6:
Page 8 line 204-205
Please move to discussion, this is not your result, this seems your literature review result
This has been moved to discussion in Page 9 lines 235-237

3. Are the data sound and well controlled?
For this it would be better if commented by expert from statistics

Background

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
Comment 8: Take comment from statistician

5. Are the discussion and conclusions well balanced and adequately supported by the data?
Comment 9
page 8 line 215
replace word high by within the range of
This has been changed to actual numbers as shown in Page 8 line 221 (Range 4.8% - 67%)

Comment 10
Page 9 line 234: replace word subjects by study participants
Changed the term into women as I felt that this was more suitable for the sentence in Page 9 line 241

Comment 11: Result and discussion are well balanced however arguments and result of this study mentioned in discussion mostly found to be not very new findings. Author should explain what new result explored from this study in the context of south east region and Shrilanka cultural context and accessibility and availability of service as well.
The available health care service component for SUI has been discussed in Page 9 lines 229-232

Comment 12
Page 10, line 261
move to limitation of study
This comment is not relevant any more as the particular risk factor (UV prolapse) was excluded as a variable from the study as the method used to elicit UV prolapse was not accurate

Comment 13
add limitation of study at the end of Discussion
I have included a small section on limitations in Page 11 lines 283-285
Comment 14 Conclusion
Page 11, line 272-73:
Rephrase according to result,
It was rephrased in from lines 295 onwards

Comment 15
Page 11 line 281-285
Be precise according to the result of this study and be specific to recommendation of prevention and care of SUI in given socio cultural context.
The statements were altered accordingly

Comment 16:
Page 11 line 279-280
move to last para of Discussion : recommendation of further study from conclusion
Comment 16 - I have moved it to the discussion in. Page 11 line 279-280

6. Do the title and abstract accurately convey what has been found?
Comment 11; Abstract : it is well covered
i7. Is the writing acceptable?
It would be acceptable after revision in specific minor comments
- Major Compulsory Revisions
not much except stat review according to stat expert
- Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
1. Edit background
2. Clarify sampling process and frame
3. Respond the specific comments in result, discussion and conclusion section
Advice for publication
After reviewing the response on these comments we can decide for publication
Level of interest:
An article of importance in its field
Quality of written English:
Acceptable
Statistical review:
Yes, but I do not feel adequately qualified to assess the statistics.
Declaration of competing interests:
I do not have any competing interest with this research paper

Editor’s comments

- Background needs to be shortened. The authors should specifically considering condensing or omitting paragraphs on pg 4, In 88-92 and pg 5, In 122-127. The authors should also be sure to provide references for all their claims in the introduction (i.e pg 4, In 105-106).
- Regarding logistic regression model (and table 4) that assessed for risk factors for UI, the authors need to provide information whether these ORs or adjusted or unadajusted risk estimates. If they are adjusted, the variables that were adjusted for must be clearly listed and a rationale provided for why they were included in the model. Why is there no odds ratio provided for a number of the variables in table 4? The authors need to clarify this. The p value reported for asthma, menopause and UV prolapse is "> 0.05". This is not a standard way of reporting p value. If the p value is > than 0.05, the actual value should be reported here.

**Responses from the author for editorial comments**

Background was shortened as directed and references were provided for all the claims in background.

All the concerns raised regarding statistics were corrected Tables 3 and 4. Table 3 provides unadjusted OR values for all risk factors and Table 4 has analysed the risk factors that were found to be significantly different between both groups in the initial analysis depicted in Table 3. Table 4 provides the adjusted OR values