Author’s response to reviews

Title: Public Knowledge of People Visiting Emergency Department Regarding Stroke Symptoms and Risk Factors

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Author’s response to reviews:

Dear Dr. Nicoletta Riva

First of all, we appreciate to respectful editor and reviewers who identified the subject interesting and express our sincere thanks for their insightful comments, and critiques. The manuscript was revised thoroughly according the referees instructions and corrected grammatical errors and modified according BMC Emergency Medicine style. All corrections and modifications were highlighted yellow. Please find below our point-by-point responses to the comments raised by the reviewers. We also added the list of abbreviations below the abstract which have been highlighted yellow.

Response to reviewers:

Patricia Zrelak (Reviewer 1):
Q: I would like to see more detail about how the authors obtained 28.8% for the percentage of the sample that reported a symptom mentioned on Cincinnati stroke scale. More specifically which line items from corresponding table were included as the mentioned face asymmetry (7%), speech disturbances (1.5%) and arm paralysis (7.9%) is less than reported 28.8% and these responses are not independent.
Response: The related percentages was precisely revised again and corrected.

Q: Please add some further discussion about the limitations of the sample, how the sample may differ from the general population and how this may have impacted results.
Response: as we referred to the another study which performed in Bushehr (one of the south city of
Iran). The authors reported that the knowledge levels of participants were adequate which be different compare to our data. so we could not generalize our findings to other population.
Q: Consider adding stand along titles to your tables.
Response: we added stand along titles of all tables.
Q: Authors may also want to expand upon stress as a risk factor especially given that this was the top selected risk factor by the study participants. The relationship between stress and stroke is not as strong as many of the other behavioral and medical risk factors usually provided during community stroke education. Including stress on the symptom list greatly increased the number of affirmative answers.
Response: to answer the respectful reviewer's comment, it has been reported that the long-term stress leads to the stroke and there is tight relationship between stress (as psychosomatic factor) and stroke occurrence. (Med Pregl. 2011 Mar-Apr;64(3-4):161-7). more recent studies also showed the stress response is regulated by the autonomic nervous system (ANS) and chronic stress leads to the progressive shift of ANS from adaptation into sever ischemic stroke deterioration or recurrence. (Front Neurol. 2018; 9: 90. Published online 2018 Mar 5. doi: 10.3389/fneur.2018.00090)

Q: Consider posting a copy of the survey as an online document.
Response: We attached the survey file as supplementary data.
Q: Is there a reason why you didn't include the internet/World Wide Web as a source for information about stroke?
Response: In low-income countries especially rural regions, accessing to worldwide webs or internet is not yet fully fitted or feasible.

Sebastien Beaune (Reviewer 2):
Q1: The article about knowledge over stroke in a region of IRAN is interesting. It could be shorter without loss of information; Results on demographic data could be in a table. Table 1 and 2 could make one table.
Response: We would like to thank the referee for his valuable comments and suggestions. But tables merging make it too long and boring and seems inappropriate. On the other hand, signs of stroke and main risk factors are completely separated items.
Q2: Discussion is way too long, with make the message unclear.
Response: the discussion section was revised carefully again.