Author’s response to reviews

Title: Validity and reliability of the Urdu version of the 5D itching scale to assess pruritus among patients with chronic kidney disease in Pakistan

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Author’s response to reviews:

Reviewer reports:

Adam Reich (Reviewer 1):

This is a well written manuscript on the validation of Urdu version of the 5D-Itch Severity Scale. I have only two comments:

Comment No 1. Please modify the following sentence referring to pruritus: "It is well recognized as the most common and sometimes endured complication in chronic renal failure patients" to "It is well recognized as the common and sometimes endured complication in chronic renal failure patients". Saying that something is "The most common" is always questionable, as it depends on the population studied and methodology.

Answer:

Language editing done

Comment No 2. Results: Part referring to discriminative validity is poorly written - please rewrite.

Answer:

Update about the discriminative validity in Statistical analysis page 6, lines 117-119 and rewritten whole paragraph on result interpretation of discriminative validity on page 7, lines 134-138.
Comment No 3: In addition, the Urdu version of 5D Itch Scale should be included as Attachment.

Answer:

Attached in supplementary file

Shayan Shirazian, MD (Reviewer 2):

In their study, "Validity and reliability of 5D itching scale in Urdu to assess pruritus among chronic kidney disease patients in Pakistan," Rehman et al. attempt to validate the 5D itching scale in Pakistani patients with ESRD. The authors translate the 5D scale into Urdu and then administer it to 50 patients at baseline and then 2 weeks later.

Comment No 1. Unfortunately the purpose of the study is unclear to me. Why does the 5D itch scale need to be validated in this population? What is different about this population that would make the current scale invalid or unreliable?

Answer:

Updated on Page 4, lines 74-77 and line 79-81.

“5D itch scale was needed to be validated in Urdu language as it is the national language and is widely spoken by its population. English is only understood by educated population and Pakistan have patients from low socio demographics status and education level so that why 5D itch scale need to be translated in Urdu so that everyone can easily understand and respond to it”.

Comment No 2. Also I would expect the validation to involve some qualitative analysis of participant's itching and reaction to the survey to see if this qualitative analysis was concordant with the survey results.

Answer:

This was not the objective of study and we have not collected any data in this regard.

Comment No 3. As it stands, the survey was just translated and not otherwise modified and was administered twice to participants.

Answer:
Backward forward validation was done at the beginning to avoid any modifications latter, pre and post submission is one of the standard ways to estimate reliability. References are attached below


Comment No 4: The discussion just repeats points made in the introduction and dose not analyze existing literature on CKDaP or the 5D itch scale.

Answer:

Updated on page 8: Lines 154-167; lines 170-174; page 9: lines 177-179. Repetition removed from introduction also.

Comment No 5: Finally, the article requires extensive English language. I do not feel this small study adds meaningfully to the existing CKDaP literature.

Answer:

Language editing done

Vincenzo Panuccio (Reviewer 3):

The Authors in this paper underline a common problem that has a negative impact on quality of life in CKD patients in any stage of renal disease until kidney transplantation.

They try to validate the 5D itching scale in Urdu to assess pruritus in Pakistan CKD patients.
Major criticism:

Comment No 1: The description of the study sample appears to be very poor. The authors should make an effort to present characteristics beyond those listed on table 1. Such as all relevant demographic, clinical and biochemical parameters.

Answer:

The data reported was the same presented for the ethical approval to Monash and the relevant ethics approval bodies and this was not the objective of study and we have not collected any data in this regard.

Comment No 2: The interquartile range should be appropriately calculated. The authors only report the interquartile distance.

Answer:

Updated in table 1.

Comment No 3: In the "methods" section the authors state that data are summarized as median and interquartile range. Why age is expressed as mean? In table 1 "1,757" appears to be a standard error rather then a standard deviation.

Answer:

Updated in table 1.