Author’s response to reviews

Title: Visual symptoms associated with refractive errors among Thangka artists of Kathmandu valley

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Author’s response to reviews:

To
The Editor in Chief
BMC Ophthalmology

Subject: Response to the editor and reviewers comments regarding BOPH-D-17-00586

Visual symptoms associated with refractive errors among Thangka artists of Kathmandu valley

Dear Sir,

We are so pleased to state you that we are ready to take the points raised by reviewers. In fact, these issues help us identify the area we have to improve and make manuscript more scientific. We are endorsing answers to point by point issues raised by the reviewers as given below.

Reviewer reports:

Sam Otabor Wajuihian (Reviewer 1):

Q: Unfortunately, your study was not well-presented and the authors use of the English language and scientific writing is inadequate.

Answer: We strictly reviewed the manuscript to make the concept clear and improve the style of writing in English language.

Q: Overall, the authors will require help with the use of the English language, trainings on research methods and academic/scientific writing as well as, working with a mentor.

A: This study is the part of eye examination program among the Thangka artists to help them overcome the visual problems if they are present among the artists. So this is the methodology
we adopted for the program, which caused constrained with the methodology in the part of the manuscript writing. What we did, we presented them honestly.

Rekha Hansraj (Reviewer 2):

Please include all comments for the authors in this box rather than uploading your report as an attachment. Please only upload as attachments annotated versions of manuscripts, graphs, supporting materials or other aspects of your report which cannot be included in a text format.

Please overwrite this text when adding your comments to the authors.

Ans: Thanks, we follow them.

Please edit as indicated on the uploaded reviewed article.

The age difference between the REG and the NCG is a limitation as the REG, in addition to having uncorrected refractive errors, were more pre-presbyopic than the NCG which brings in issues regarding accommodation and not only refractive error.

Ans: We agree, it is definitely true that the REG are more aged than the NCG. It is mandatory to understand the role of accommodation while presenting the data and we should be cautious before we generalize the findings of the report to plan any intervention program.

The results section needs more work as in certain areas, as highlighted in the attachment, it is confusing. The discussion needs to be rewritten as it does not offer sufficient explanation of why visual symptoms would be expected in this grouping of people.

Ans: It has been addressed in the manuscript as directed by the reviewer, which can be seen in red colored text throughout the manuscript.

Reviewer 1

Abstract

Background

Q: why not? the aim of the study was to determine the prevalence of visual symptoms and their association of refractive errors among Thangat artitsts ....?

A: Instead of using assess we rephrase the sentence by determine. However, we are a little bit reserved to use the term prevalence of visual symptoms, because we tried to analyse the findings between only REG and NCG. In this data set, we included only 242 participants out from 525 cases, and they are purely the cases of refractive errors and purely the cases with normal findings. Visual symptoms were also assessed in other cases that have got various clinical
findings apart from the refractive error. So they are not all the cases we examined among Thangka artists.

Methods

Q: please indicate the participants age ranges
A: It is included

Q: for means
A: added

Results

A: Lines 26-31 are moved to the method section from result section with a little bit of modification as indicated by reviewer two..

Q: what is the prevalence estimates for refractive errors and visual symptoms?
A: we must consider all the cases that we examined for prevalence estimate of refractive error. The present sample of 242 cases does not accompany all the cases with refractive error. The report won’t be true.

Conclusion

Q: Poor grammar
A: corrected

Background

Line 6: poor sentence/grammar stricture
A: issue addressed

Q lines 15-24: poor use of the English language, disjuncted sentence structure / and are incoherent.
A: Issue addressed
Reviewer 2

Abstract

Background

A: prolong is changed to prolonged
A: Visual problems is changed to visual symptoms

Q: 46.1% of what?
A: of 525 thangka artists examined. the correction is done.

All the suggested changes have been addressed in the abstract sections, which can be seen in the abstract section of revised manuscript in the red colored texts.

Background

A: Line 17-20 has been removed as it was advised.

Other suggested changes have been addressed accordingly.

A: a detailed nature of work that is associated with Thangka art has been added.

Methods

An issue related to chronic medication has been addressed. In fact, we didn’t see any cases who uses medicine in that particular age group i.e. 16-39 years.

An issue related to an absolute emmetropia has been described

An issue related to uncorrected refractive error has been addressed.

Participants and study design, informed consent, structured questionnaire

All the suggested necessary changes been incorporated in the manuscript which can be seen in red colored texts.

Examination
An issue related to cycloplegic refraction was also addressed in manuscript as well.

Regarding break point and recovery

Though we assess blur/break/recovery, we incorporate the findings related to break only. Hence, we mentioned it clearly in the examination section of the manuscript.

Though we said better than 200 sec of arc, we find all the cases with 60 seconds of arc or better. Initially we assumed reduced accommodation and convergence may manifest reduced Stereopsis, we were interested to learn what could be the pattern of reduced stereopsis. However, we found stereopsis is better than 60 secs of arc. So it has been sorted out.

Examination and data analysis: all the suggested changes have been incorporated.

Result: All the pertinent changes which were suggested, have been incorporated.

Median age for both groups is added.

A comment as an ambiguous word regarding watering eye has been rephrased to make it clear.

Issues regarding distribution of refractive error have been rewritten to make them clear.

Discussion

1st paragraph: all the suggested changes are incorporated

2nd paragraph: all the suggested changes are incorporated

Regarding overall symptoms among the REG and NCG they are separately calculated as an average of total symptoms and added in the text.

Q: were these are related to uncorrected refractive errors (question related to the symptoms)

A: symptoms which are reported in literature are elaborated if it is related to refractive error or others, are clearly mentioned.

A: Symptoms of watery eye, which has been suggested to add extra information related to blinking, menstrual cycle and contraceptive use, are added.

A: The relationship between hypermetropia and accommodation demand, which was suggested, has been explained.

A: An issue related to uncorrected astigmatism has been elaborated as suggested by the reviewer.
Conclusion

Q: Your sample does not have equitable distribution of astigmatism to make any definitive conclusion.

A: Of course it true to some extent. However, the present study also shows the pattern of refractive errors among Thangka artists. We understand that though, the cases related to astigmatism are less, they represents homogenous group of people who share common work environment and ethnic class. We agree this study doesn’t provide definitive conclusion related to astigmatism, but shares an idea that how the symptoms are related with it as compared to myopia. We agree we should take a precaution to generalize the findings.

Abbreviation related to REG and NCG are removed as suggested by the reviewer.

Issues related to table rewording for homogeneity of font style and some suggested changes are incorporated.

If you have further query, we are pleased to incorporate it.

Yours Sincerely,

Gauri Shankar Shrestha