Author’s response to reviews

Title: Eye diseases: The neglected health condition among urban slum population of Dhaka, Bangladesh

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Version: 1 Date: 26 Apr 2018

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Response to reviewer’s comment:

1. Methods

Comment: The authors evaluated the refractive error of all the subjects. However, in the methods section they said that the examination included the assessment of visual acuity, pupils, extraocular motility and alignment, intraocular pressure, external examination, slit-lamp examination and fundoscopy. How the refractive error was assessed?

Response: Thanks for your comment! In this study, qualified medical professionals (ophthalmologists) assessed refractive error of 432 study participants who attended tertiary
hospital after performing comprehensive eye examination and reported the diagnosis in a form prepared by research team. Data entry and analysis was performed based on this diagnosis. Operational definitions considered in this study were adopted from National Eye Institute, USA which are stated below:

Myopia (nearsightedness): Condition where light comes to focus in front of the retina instead of on the retina.

Hypermetropia (farsightedness): Condition where light comes to focus behind the retina instead of on the retina.

Astigmatism: Condition where the eye does not focus light evenly onto the retina, the light-sensitive tissue at the back of the eye.

Presbyopia: Age-related condition where lens can no longer change shape enough to allow the eye to focus close objects clearly.

Comment 1.1: The visual acuity was measured with the subjects' best refraction?

Response: Thanks for your comment! The visual acuity reported in this study was the presenting visual acuity, which was measured with the subjects' best correction.

Comment 1.2: Table 1 it is not referred along the text.

Response: Thanks for your comment! The comment is addressed accordingly.

Comment 1.3: Why authors considered only the right eye for the visual impairment data? How can this choice affect the results?
Response: Thanks for your comment! We agree with your concern. Now we have presented prevalence data of visual impairment for either eye as well as for right and left eye separately. However, as majority of the visually impaired respondents had low vision in right eye (78.9%, 56 out of 71), for logistic regression analysis, we considered respondents having low vision in right eye.

2. Findings

Comment 2.1: What the authors mean with "no formal education"? Does it mean that subjects can not read or write?

Response: Thanks! For this study, "no formal education" means that the subjects never attended school or any equivalent institution. Home schooling is not a popular concept in Bangladesh country context. Therefore, it is more likely that these subjects cannot read or write; however, these skills were not assessed.

Comment 2.2: Authors have found that Refractive error, allergic conjunctivitis, headache, visual impairment, and cataract were found as the most prevalent eye diseases. However, I do not agree with the inclusion of headache as eye disease.

Response: Thanks for your comment! We agree with your concern. We have addressed comment accordingly.

Comment 2.3: I do not know if presbyopia should be classified as refractive error. I know that in some resources it is classified as refractive error but authors should check the information.

Response: Thanks for your comment! In this study, qualified medical professionals (ophthalmologists) diagnosed the cases of refractive error among our study participants and they referred presbyopia as a kind of refractive error. We checked the information and found that presbyopia was mentioned as a type of refractive error by National Eye Institute, USA (https://nei.nih.gov/healthyeyes/problems).
Comment 2.4: Why there several subjects that did not have a specific diagnosis about the refractive error?

Response: Thanks! In this study, qualified medical professionals (ophthalmologists) diagnosed the cases of refractive error among our study participants and reported the name of diseases in a form prepared by research team. However, in some cases ophthalmologists made a general diagnosis, instead of more specific one. As data entry and analysis was done based on the diagnosis the ophthalmologists made, authors did not have scope to categorize refractive error further.

Comment 2.5: Without clarifying how the refractive error were diagnosed, the results about risk factors can be compromised.

Response: Thanks for your comment! As the qualified medical professionals (ophthalmologists) assessed refractive error of our study participants after performing comprehensive eye examination in tertiary level hospitals, it is assured that the diagnosis was made following standard procedure and instruments. Refractive error data presented in this study is based on the diagnosis the ophthalmologists made.

3. Discussion

Comment 3.1: The references are not well defined. For example, it is not possible to assess information regarding reference 12 with only this information. It is very difficult to access the references and check the information.

Response: Thanks! We have addressed the comment accordingly.