Author's response to reviews

Title: Are parents and adolescents in agreement on reporting of recurrent non-specific low back pain in adolescents? A cross-sectional descriptive study

Authors:

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Version: 2
Date: 26 September 2015

Author's response to reviews: see over
Author’s response to review

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Author’s response to reviews: see over
Reviewer’s report 1

Title: Are parents and adolescents in agreement on reporting of recurrent non-specific low back pain in adolescents? A cross-sectional descriptive study

Version 1: Date 4 June 2015

Reviewer: Kieran Cooley

Major Compulsory Revisions

None

Minor Essential Revisions

1. In the methods section, or limitations, discuss the accuracy of reporting in relation to these questionnaires-limits of self-report are acknowledged, though accuracy of data even from adolescent, should be noted.

Authors’ response: The comment from the reviewer is commendable. This was clarified in the limitations section of the manuscript. The paragraph on limitations now reads as on line 319-331 “This study had limitations which included reliance on self-reported data from parents and adolescents. It is possible for the participants to forget the exact nature and characteristics of the recurrent NSLBP especially if the information is collected retrospectively. Therefore, the accuracy of the responses from both participants could have been affected by the recall bias especially considering the recall period of 12 months used in the study. On the other hand, it is possible that the parents and school-children could have discussed the study extensively between the time the school-children brought the parental documents home to the time they completed their own low back pain questionnaire at school few days later. This could have affected the level of percentage of agreement. In addition, the study sample for adolescents was not representative of all the adolescents in schools in Harare, Zimbabwe. Only three secondary schools were randomly selected from a list of government administered schools.

2. In the methods section, discuss the process, methods, steps or any assurances that can be provided surrounding the independence of parental surveys (i.e. to what extent might parents have been encouraged to discuss or complete the surveys together but separate from input from their child

Authors’ response: This was an important comment from the reviewer. In the first version of the manuscript, the authors deliberately omitted such information. The parents were instructed explicitly in the information letter and on the adolescent medical health questionnaire to answer the adolescent medical health questionnaire truthfully and to their best of knowledge and not in consultation with their child. The
reasons for that were clearly spelt out in the information letter. The students were sent with parental documents sealed in an envelope and had to return them sealed again in a provided envelope. The researchers were careful with their choice of words when explaining the rationale of the study to the school-children. Initially, during the handing out of parental documents, the school children were not told that the study was about them and if they have low back pain and if their parents knew about that. There were only told after the parental documents had returned before administration of their low back pain questionnaires. So, a statement to that effect was added in the methods section of the revised manuscript on line 156-161 “To minimise conversations between school-children and parents that will increase the percentage of agreement, the school children were not told at this stage that the study was about their low back pain status and if their parents knew about it. Moreover, parents were specifically requested in the information letter to answer the adolescent medical health questionnaire truthfully and to the best of their knowledge without asking their child for input on the condition”

Discretionary revisions

1. Line 216: Specify that the prevalence statistic stems from either parent or child identifying NSLBP in the past 12 months

Authors’ response: The authors specified that in the revised manuscript as follows on line 233-234 to emphasise that the prevalence statistic came from school-children “Based on the adolescent low back pain questionnaire, the prevalence of recurrent NSLBP for the past 12 months was 28.8% (n=153).

2. Line 283-285: If possible, provide a citation for the claim that there are beliefs linking early sexual indulgence with adolescent back pain

Authors’ response: A citation was provided. The statement now reads as on line 302 “In Zimbabwe, anecdotal beliefs link adolescent low back pain complaints to socially unacceptable behaviours such as early sexual indulgence [12].
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Reviewer’s report

Title: Are parents and adolescents in agreement on reporting of recurrent non-specific low back pain in adolescents? A cross-sectional descriptive study

Version 1: Date 27 July 2015

Reviewer: Christopher Williams

Major Comments

1. The rationale for why it important to understanding what agreement there is between adolescent reporting of back pain and their parents’ knowledge of this could be further highlighted. i.e. Why is it important to corroborate adolescent reported back pain with parents? It is not until the discussion that the reader learns of some of the potential cultural factors at play. The first sentence of the 3rd paragraph (background) is not clear.

Authors’ response: The comment made by the reviewer was considered. The authors made an attempt to explain clearly the rationale for understanding the agreement there is between adolescent reporting of recurrent non-specific low back pain and their parents’ knowledge of the condition. The third paragraph of the background was re-written to express mainly the rationale of the study as follows from line 103-122: “Given the potential impact recurrent NSLBP has in adolescents’ daily lives, activities and school, it should be a cause of concern not only to the school children, health-care professionals, and teachers but to parents or guardians as well. It is particularly crucial for parents or guardians to be aware of the low back pain status of their child, especially the recurrent type, for a number of reasons. Medical treatment for the condition can be sought early therefore preventing the debilitating effects of the condition. Monitoring and preventative efforts to minimise recurrent NSLBP can be sustained if all important stakeholders (parents, teachers, health care professionals, health-policy makers) are aware of the existence of the condition. Parents are often omitted in preventative initiatives against the condition and are often misinformed on the nature of the condition. Few studies have attempted to corroborate adolescents self-report of pain with parental reports [10, 16]. In Zimbabwe, to the authors’ knowledge, there is no data with regards to this matter. This is a significant shortcoming against a background of high prevalence rate of recurrent NSLBP in adolescents reported in a previous study [12]. Data on parents and adolescents level of agreement on reporting recurrent non-specific low back pain in adolescents would be useful in understanding the gravity of the condition in adolescents in light of the consequences reported in literature. Therefore, the main objective of this study was to examine the level of agreement between adolescents’ and parental reports on recurrent NSLBP”
2. The manuscript will read better with some copy editing. For instance the second sentence of statistical analysis “Parametric tests were used to describe the data due to the large sample even for heavily skewed data [21]” is hard to follow. Or Paragraph two in discussion – regarding the modified Delphi study – the wording suggests the Delphi study was for adolescent back pain, but this is not the case.

**Authors’ response:** The whole manuscript was checked for grammatical and typing errors rendering the manuscript poor before submission. The statement highlighted above by the reviewer was revised as follows on line 213-215: “Parametric tests were used to describe the data largely because of the large sample size even though some of the variables were not normally distributed [22]”. Regarding the statement on the modified Delphi study in paragraph two of discussion, the authors revised the wording not to suggest that the Delphi study was for adolescent back pain. The statement now reads on line 267-268: “The present study uniquely relied on a definition of recurrent NSLBP agreed upon by experts in field of low back pain [17, 21]”.

3. One limitation, which may undermine the results, but is not mentioned in the study ‘limitation’ section is the recall period. The authors should consider discussing the implications of the 12-month recall period on the results.

**Authors’ response:** This was an interesting observation by the reviewer. The following paragraph was added to discuss the limitations of the study on line 319-331: “This study had limitations which included reliance on self-reported data from parents and adolescents. It is possible for the participants to forget the exact nature and characteristics of the recurrent NSLBP considering the information was collected retrospectively. The accuracy of the responses from both participants could have been affected by recall bias thereby over or under-estimating the level of agreement especially considering the recall period of 12 months used in the study. On the other hand, it is possible that the parents and school-children could have discussed the study extensively between the time the school-children brought the parental documents home to the time they completed their own low back pain questionnaire at school few days later. This could have affected the level of percentage of agreement. In addition, the study sample for adolescents was not representative of all the adolescents in schools in Harare, Zimbabwe. Only three secondary schools were randomly selected from a list of government administered schools”.
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Title: Are parents and adolescents in agreement on reporting of recurrent non-specific low back pain in adolescents? A cross-sectional descriptive study

Version 1: Date: 13 July 2015

Reviewer: Jerrilyn Cambron

Discretionary revisions

1. The discussion introduces another similar study (citation 10). Please include in which country this occurred.

Authors’ response: The country was included. The paragraph now reads on line 288: “Similarly, a cross-sectional study investigating the occurrence and characteristics of NSLBP among 1446 adolescents in England observed a moderate agreement (k=0.33) between school-children and their parents’ reports of the child’s condition [10].”

Major essential revisions

1. Did the children and their parents know that the study focused on low back pain? Could the timing of when the children brought the information letter home and when the questionnaires were administered have allowed for a conversation between the parents and children about back pain, therefore increasing the percent of agreement?

Authors’ response: This comment was well appreciated by the authors. Initially when the students were given the parental documents sealed in an enveloped by the researcher they were not told that the study was about them and whether their parents knew about their low back pain. The researcher deliberately omitted that information to the students. The students were only told that the study was about them after the parental documents had returned before administration of the low back pain questionnaire. In addition, the parents were specifically instructed on the adolescent medical health questionnaire to answer the questionnaire truthfully and to the best of their knowledge without getting input from their child. The purpose of the study was well spelt out in the information sheet. This was further explained to the parents who managed to come to meet up with the researcher on agreed dates spelt out in the information letter. However, it is possible that the timing of when the children brought the information letter home and when the low back pain questionnaires for students were administered could have allowed for a conversation between parents and children about back pain. The
students were given seven days at most to bring the questionnaires back to the form teacher. The seven days were an attempt to increase the response rate and to give parents enough time to complete the questionnaire without rushing through it. This following statement has been added to the revised manuscript on line 156-161:
“
To minimise conversations between school-children and parents that will increase the percentage of agreement, the school children were not told at this stage that the study was about their low back pain status and if their parents knew about it. Moreover, parents were specifically requested in the information letter to answer the adolescent medical health questionnaire truthfully and to the best of their knowledge without asking their child for input on the condition”.

2. The final statement of the conclusion is that “There is a need to educate and involve parents in awareness and preventive campaigns at schools.” Why are preventive campaigns at schools raised here? The topic seems beyond the purpose of this manuscript, particularly for the final statement.

Authors’ response: The final statement was removed as it is beyond the purpose of this manuscript.