Author’s response to reviews

Title: Community perceptions on the role of sexual activity on stroke: A qualitative study exploring the views of Ghanaian local community residents

Authors:
Olutobi Sanuade (o.sanuade@ucl.ac.uk; oluwatobisanuade@gmail.com)

Version: 2 Date: 13 May 2019

Author’s response to reviews:

Background

Comment: Second page, second paragraph, lines 33-36 (first two lines of this paragraph):

Please change: "… the underlying causal factors of stroke in patients that have experienced "sex triggered stroke" include vasospasm [15], cerebral haemorrhage or subarachnoid…"

To: "… the underlying causal factors of stroke in patients that have experienced "sex triggered stroke" include vasospasm [15], rupture of cerebral aneurysm causing cerebral haemorrhage or subarachnoid…"

Response: This comment has been addressed. The statement has been changed to:

… the underlying causal factors of stroke in patients that have experienced ‘sex triggered stroke’ include vasospasm [15], rupture of cerebral aneurysm causing cerebral haemorrhage or subarachnoid haemorrhage... (Background section, lines 33-36, page 4).

Results

Comment: Author stated that 45 people refused to participate in this study. Did people who refuse to participate in the study have different risk factor profile, educational or social or economic level? Did author evaluate this? Patients and people who refuse to participate in epidemiological studies may have different epidemiological background.

Response: I agree with this comment that people who refuse to participate in epidemiological studies may have different epidemiological background. Particularly, it is possible that those who participated in the study and those who refused have different risk factor profile, but this was not measured in this study. Nevertheless, one of the selection criteria adopted for this study was to make participants in the same groups as similar as possible. This informed why the groups were
segmented by age and sex. Hence, the socio-demographic profiles of the 45 people who refused to participate in this study may not have been significantly different from that of those who took part in this study, although I do not have any empirical evidence to support this claim.

Discussion

Comment: I think Discussion would benefit of adding a small comment about stroke mimics. Although author stated that he is convinced that Participants in the study were able to recognise Stroke signs and symptoms, I am not completely convinced with that comment. The experience in many Stroke centers is that "Stroke mimics" may imitate and confound clinical symptoms of stroke among patients and physicians. Stroke mimics include not only syncope and other cardiovascular conditions but also sex-related headaches and even functional disorders. Functional neurological patients and patients having "unexplained medical symptoms" may present with "stroke mimics"; in this context the role of individual, social or sexual violence has not been commented or addressed. Other conditions to be taken into account would be sex-linked headaches and sex or orgasmic migraine, which many patients may confound with stroke. A brief comment about stroke mimics and their influence on the perception of stroke would be desirable, as this fact could illustrate the complexity of this field and to offer further possibilities of research.

Response: I have added some statements about stroke mimics at the ‘implications of the findings’ section:

"Further, it is possible that participants’ perceptions on the role of sexual activity on stroke were partly influenced by their inability to distinguish between real stroke and stroke mimics (non-vascular conditions that present with an acute neurological deficit simulating acute ischemic stroke) [54,55]. Some of the most common stroke mimics include seizure, syncope, sepsis, migraine (including sex-linked headaches or orgasmic migraine), space-occupying lesions, functional disorders and metabolic conditions [56,57]. Hence, it is possible that some of the sex-linked stroke cases described by the participants were stroke mimics. Therefore, it is important for further studies to explore community residents’ knowledge on stroke mimics and real stroke. Also, further studies need to be done to examine the prevalence of stroke mimics in Ghanaian hospitals: this is important to avoid unnecessary acute treatment and secondary prevention at the emergency department [54]."