Author’s response to reviews

Title: The impact of asthma, chronic bronchitis and allergic rhinitis on all-cause hospitalizations and limitations in daily activities. A population-based observational study.

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Version: 4 Date: 23 January 2015

Author’s response to reviews: see over
January 23, 2015

Dear Editor,

I herewith submit the second revision of the manuscript “The impact of asthma, chronic bronchitis and allergic rhinitis on all-cause hospitalizations and limitations in daily activities. A population-based observational study.” (MS: 2080657499144403) to your journal. All your suggestions have been considered in the revised manuscript, as reported below.

With the hope that our manuscript will be suitable for your journal, I look forward to hearing from you.

Yours sincerely,

Simone Accordini
Editor's report:

I am pleased to see that you found the reviewer's comments helpful, and the manuscript has clearly improved. I have a few remarks which I would like you to consider, after which the manuscript can be published.

1. Following Reviewer 1's suggestion, a less cumbersome title would indeed be "The impact of asthma, chronic bronchitis and allergic rhinitis on all-cause hospitalizations and limitations in daily activities. A population-based observation study."

We have changed the title as suggested.

2. Response to reviewer 2, second major Point: I agree that it would be too much to report the unadjusted figures, but a brief statement that unadjusted and the obtained adjusted figures were similar should be added to either the Methods or the Results section. This is especially important since not all readers may be familiar with the statistical method.

The comparability of the unadjusted estimates with the figures computed in the main analysis has been reported in the new “Sensitivity analyses” paragraph, which has been added to the Results section (page 14, lines 332-337 in the revised manuscript).

3. Reviewer 2, third Point: I agree with your overall reasoning regarding the obtained prevalence figures for hospital/ED visits. The figures compare to the previous study by de Marco, but still seem high compared to other countries. Could participation bias play a role here? Or care-seeking behaviour in the studied country? I suggest a one-/two-sentence comment on this in the discussion.
As reported in the previous cover letter, the GEIRD screening questionnaire does not allow to compute separate estimates of the risk of having at least one ED visit and of the risk of having at least one hospital admission in the past three months. Therefore, the possible overestimation of hospital services utilization cannot be detected through the comparison with ED visit rates and hospital in-patient admission rates from other sources. However, participation bias could have inflated our estimates of the hospitalization risk to some extent. This comment has been added to the discussion (page 19, lines 459-465 in the revised manuscript).

4. Reviewer 2, Point 4. I agree that overadjusting is Always a risk. However, my experience from population studies says that samples can indeed differ quite substantially from the "general population", whatever that truly is. Also, smoking is such an obvious Point, since it also may differ substantially between countries and thus gives international readers a hint about the generalizability of the data. I therefore strongly suggest that you consider adjusting for smoking, and either present data with and without smoking adjustment, or make a similar statement as in Point 2 above, for brevity.

The estimates obtained after adjusting also for smoking habits are comparable with the figures computed in the main analysis. This fact has been reported in the new “Sensitivity analyses” paragraph (page 14, lines 332-337 in the revised manuscript).

We thank the Editor for the useful comments.