Author’s response to reviews

Title: The relationship between prevalence and severity of lower urinary tract symptoms (LUTS), and body mass index and mid-abdominal circumference in men in a resource-poor community in southeast Nigeria: a cross-sectional survey

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Covering Letter to Review

We appreciate the Reviewers for their contributions towards making this manuscript richer and more suitable for its purpose.

Response to Comments from Reviewer 1:

1. As explained in Lines 12-18 page 5, the minimum number of participants expected from each study cluster was 410. However, 433 participants came from cluster A, 441 from cluster B and 463 from cluster C.

2. Lines 1-6 of page 6 describe the statistical methods applied in descriptions and inferences in this study. The Authors believe that these are robust statistical tools.

3. Lines 3-5 of page 11 have been included to address this concern. Also, the additions into lines 8 & 9 of page 12 clarify the discussion on the same multivariate analysis.

Response to Comments from Reviewer 2:

1. Title: The title has been modified accordingly: Lines 1 and 2 of page 1 as well as in the Title Page document. However, the Authors would have preferred to retain “body
anthropometry” to curtail the use of “and” in the title since the study objectives have specified the anthropometric measures of interest.

2. Abstract: Lines 3, 18 and 19 of page 2 and the Abstract document show some additions to help strengthen the abstract within the constraints of 200 words recommended for the abstract.

3. Background: Enugu is a regional capital for southeast Nigeria. It is an urban settlement of the middle social class as most of its inhabitants are civil servants regional businessmen. Nigeria, by WHO classification is a higher low-income community with many of the citizens living below the poverty line. Lines 17 & 18 of page 3 as well as lines 20 of page 4 and line 2 of page 5 address this issue.

4. Study Objective: The Authors believe that the amendment in the title has addressed this observation.

5. Methods: Appropriate references have been provided: lines 2, 5, 7 of page 5. References 9, 22, 24 have been done away with to ensure references do not exceed journal recommendation. With respect to the study methods, the suggested sequence was adhered to but with no creation of the outlined subsections. The subsections were not seen by the Corresponding Author as the Journal’s pattern. Line 20 of page 4 has study site; lines 1 & 2 of page 5 have study population; lines 3-12 of page 5 have study tools; lines 13-16 of page 5 have sample size determination; lines 17-20 of page 5 have sampling technique; lines 20 page 5 to 2 page 6 have study protocol; lines 3-9 of page 6 have data analysis. Regarding IPSS and postvoid residual volume, IPSS is a validated reproducible symptom score that has been used in many studies including population-based surveys to objectively assess storage and voiding symptoms, whereas postvoid residual urine volume assessment is an index of failure of detrusor emptying usually associated with moderate to severe voiding symptoms.

6. Results: Lines 6-11 of page 10 compared BMI and MAC of men reporting LUTS against men reporting no LUTS (with p values). Lines 12 & 13 of page 10 have been included comparing wealth-index of the 2 groups. Lines 16 & 17 of page 10 describe the result of comparing age of respondents in the 2 groups, though figures 1 & 2 allude to the same observation. As regards “age vs LUTS” and “age vs severity of LUTS” results, the Authors believe that these are valid for the stated objective bearing in mind that “prevalence of LUTS in an aging population” is not just “crude/overall prevalence”, but includes age-related prevalence of any LUTS as well as the prevalence of the various grades (severity) of LUTS. With respect to texts associated with the tables, the texts are meant to be table legends.

7. Discussion and Conclusion: Some discussion on study population is included in lines 7-9 of page 11. As earlier clarified, Enugu is the recognized regional capital of southeast Nigeria and as such can be considered predominantly urban. However, southeast Nigeria is a low-income community by WHO classification. In the presence of poor electricity supply, non-functional railway transport, poor health insurance coverage, predominant
purchase of imported fairly-used vehicles, etc southeast Nigeria is a resource-poor region. Men who are known to have urethral stricture were excluded from the study as has been specified in line 2 of page 6.