Author’s response to reviews

Title: Sex-related illness perception and self-management of a Thai type 2 diabetes population: A cross-sectional descriptive design

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Version: 1 Date: 19 Jul 2017

Author’s response to reviews:

Dear Editor in Chief

Thank you for the possibility given to us in reviewing our manuscript in according to the very good comments and suggestions from the reviewer. We have made all our corrections in the manuscript using highlighting text, and hope these will make the paper more readable and sufficient for publication in your Journal.

Answer to peer reviewer 1: Ulf Isaksson.

This interesting and well written manuscript which deals with a topic less studied. It provides valuable insights and has some interesting perspectives to add. However, it has some aspects that have to be addressed before I can recommend it to be accepted. My recommendation is therefore that the manuscript needs to make some revisions.

Below are some questions that I have and issues I think you should address;

1. The aim at page 3-4 and the aim in the abstract differs somewhat from each other.

Thank you for this important comment. We rewrote the study aims both in the abstract and background to make it similar.
2. You include a power calculation (page 5) but do not state what power (80%) you have calculated with, neither do you state what standard deviation you have calculated with.

Our study was conducted using a survey design, based on a parameter of the distribution of prevalence of diabetes to determine the sample size required. We have inserted information about the standard normal variation to make it more clear for the reader.

3. You have a high degree of drop-outs, however, I cannot find any methodological discussion concerning this problem - please elaborate.

Thank you for commenting this. We have elaborated in the manuscript concerning this drop-out problem.


Thank you for giving us a useful reference. We have added information about the main translation process and the persons who did each procedure as you suggested, however, we still use the reference cited in our earlier phase of the manuscript—WHO 2014.

5. At page 6, line 18-19 you write "18 items that measured what might have been the cause of T2D." Please insert "…the respondents opinion of what might…"

Thank you. We have inserted the phrase of your suggestion; however, we changed the word "respondents" to "participants" in order to make it consistent with the entire manuscript.

Thank you for the useful reference, we added this reference in our manuscript, as well as explained the process to get the value of content validity index both CVI for items and CVI for scales.

7. The description of the psychometrics properties of the instruments is, in my eyes, a little inadequate. At page 9, line 10-11, you write that both instruments met requirements for internal consistency but only present one alpha value. You do not present if this was on total score or subscale-level – please elaborate.

We have given more explanation about the statistical value of Cronbach’s alpha for both instruments used in our study in accordance to your suggestion.

8. At page 9, line 13-15, you state that test-retest reliability was satisfactory. However, you present low correlation coefficients with a p-value below 0.05 (see also Table 1). The retest was done after two weeks (page 7, line 19), do you mean that the instruments are stable over time? Please elaborate.

We clarified the level of association between the scores of two tests (test-retest) and revised the wordings that seemed to over claim our statistical results.
9. It would be a help for the reader if you in your result section also inserted degree of freedom (df) in your presentation of χ² and p-value. We have inserted degree of freedom in all places where we presented χ² and p-value in accordance to your suggestion. (Results-Characteristics of the participants section, line 15-16, 21, p. 10)

10. At page 10, line 12 (one example), you present the mean number of number of symptoms. Why mean and not median and quartiles? We changed to present the median and interquartile range in place of mean and SD because of skewed distribution of the data. (Results-Illness perception section, line 2-4, 6-7 p. 11)

11. At page 10, line 19, you write that women perceived MORE negative symptoms. This is probably not right - as I see it, it has to be "to a higher degree" Thank you. We have changed in accordance to your suggestion. (Results-Illness perception section, line 9 p. 11)

12. At page 11, line 2-4, you present differences between the genders, however, I lack p-values. This section (causal section of the IPQ-R scale) was present using the percentage of agreement, as described on page 9 line 12-13, there was no statistical test. However, we rewrote one sentence in the manuscript to make it clear for the reader. (Results-Illness perception section, line 16 p. 11)

13. At page 11, line 17-18 you state that the instruments showed acceptable reliability - please see comment 8 We elaborated the sentence concerning acceptable reliability in accordance with our correction in the comment 8. (Discussion section, line 9-10 p. 12)
14. At page 11, line 19 you state that women "more often" perceived negative consequences. I believe it should state "to a higher degree".

We have changed.

(Discussion section, line 11 p. 12)

15. At page 12, line 7-8, you state that men experienced fewer diabetes complications - I believe that it should state "assessed to a lower degree" since it is a score and to number of complications

We have changed and revised a sentence in order to make it clear.

(Discussion section, line 22 p. 12, line 1 p. 13)

16. I am lacking a section concerning Clinical implications from your study. Please elaborate.

We wrote the study implication on the last paragraph of discussion section.

(Discussion section, line 13-20 p. 14)