Author’s response to reviews

Title: Prevalence of sexual dysfunction and related factors among diabetes mellitus patients in southwest Ethiopia.

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Author’s response to reviews:

Point by point Responses

We are very much grateful for the Editor and reviewers’ time and willingness to review the manuscript. We thank them for their constructive comments and suggestions. We have addressed the comments in the rebuttal letter and all changes made in the manuscript were highlighted in yellow. We have thoroughly edited the manuscript from language error.

Editor Comments:

Methods part:

Comment 1: Please include more detail on how are these being obtained: physical exercise, Adherence to anti-diabetic type of DM, duration of treatment, glycemic control complication and depression.

Response: Thanks! Now we have described in detail how these variables were obtained in methods part, under measurement subheading on Page 6, line 7-29 and page 7, line 1-4.

Results part:

Comment 2: Was there a typo mistake? Patient having physical exercise has higher risk or not having exercise are higher risk? in the table it seems that patient not having exercise is having higher risk.
Response: Sorry! This is typing error. The sentence is revised and written as “Those participants who did not involve in physical exercise had 1.62 (AOR=1.62; 95% CI: 1.47-1.77) times higher odds of sexual dysfunction than the counterpart … result part; page 9, line 5-7

Comment 3: Depression was not being presented as one of the factor in the results section but in the table, depression was one of the factor.

Response: Now, we have included statement indicating depression as one of risk factors. It stated like;” …The odds of sexual dysfunction was about 4 times higher for diabetic patients who had symptoms of depression as compared to those who had not depression (AOR=4.05; 95% CI: 2.32-7.10)”….result part, on page 9, line 10-12

Comment 4: In table 4 - please include p-values for all variables

Response: Thank you! We now have included the p-values for all variables in table 4.

Comment 5: Figure 1; please label the y axis as percentage

Response: Thanks! Previously, the graph was built based on counts. We believe the figure was misleading, and now we have reconstructed a graph based percentage, and the y axis labeled as percentage, x-axis DM related complications or co-morbidities.

Comment 6: Figure 2: can be omitted - just need to present in the text

Response: We accepted the suggestion and the figure was omitted, and the information that was presented in graph has described in the text, in result part page 8, line 12-14

Discussion part:

Comment 7: page 8 line 58- spelling mistake - publicized should be published?

Response: Sorry, it’s an error. Now the word publicized replaced by published, discussion part, page 9, and line 30

Comment 8: Discuss further on the reason of high prevalence among diabetes patients in this study.

Response: Thank you! The season for high prevalence of sexual dysfunction is now discussed in more detail than previous. It’s presented in the manuscript discussion part, page 9 line 15-28
Comment 9: the factor of not attend education were higher risk but the discussion attribute that to less complication. However, complication was another factor related to sexual dysfunction, there may be other reason for higher risk in lower education group. Please discuss.

Response: We have discussed details of the possible reasons for higher risk of sexual dysfunction among lower education group. Discussion part, Page 10, line 6-13

Comment 10: Discuss further on why patients with complication and depression have higher risk of sexual dysfunction.

Response: We have discussed in detail the probable reasons for higher risk of sexual dysfunction among patient with complication and depression. It’s presented in the manuscript discussion part, on page 10 from line 25-30 and page 11 line 1-9

Comment 11: One of the limitation may also be due to under report as this may be something embarrassing to admit. Please discuss that.

Response: Based on the suggestion of editor, we have include it the limitation. Page 11, line 19-21.

Response to Reviewer 1

Comment 1: What method or statistical tool was used to calculate the sample size? What were the variables used?

Response: Thank you! We were calculated the sample size manually (without statistical tool) using single proportion formula \( n=\left(\frac{z_{(\alpha/2)}}{p(1-p)}/d^2 \right) \) by assuming to prevalence of sexual dysfunction to be 50% as to get largest sample size. We took 50% prevalence because of there was no similar in Ethiopian. The study done in Ethiopia that we came-across were assessed only male erectile dysfunction, no study for female DM. Therefore we believe using parameters reported in these studies cannot give sample that is representative. The detail is presented in methods section page 4, line 23-27

Comment 2: The questionnaire used was the one translated to local language. How was this questionnaire validated before being used?

Response: During translation, we allow two experts to translate the tool separately. Then, the translators bring the translated tool together, discussed and selected the better one from each, item by item. In addition, before actual data collection, we made a pre-test the tool at one the hospital (Chena Hospital) 5% of samples size. The aim pre-testing was, to evaluate the readability, understandability, completeness and reliability of the questionnaire. The Internal
consistence for CSFQ-14 was checked, and it demonstrated Cronbach’s alpha of 0.72 and 0.81 for female and male respectively. The information with these regard presented in manuscript method part page 5, line 8--13

Response to Reviewer 2

Abstract part:

Comment 1: Abstract: in your conclusion, the statement could be misunderstood as causative effect of factors to sexual dysfunction. To be more accurate, reflecting observational study, the statement is better written as "presence of depression, not doing physical exercise and having other comorbiditry are modifiable factors associated sexual dysfunction and they should be attended to during care addressing sexual dysfunction"

Response: Thank you! Suggestion accepted and the statement is revised …”Presence of depression, not doing physical activity and having complication or comorbidity are modifiable factors associated with sexual dysfunction, therefore they should be attended during care addressing sexual dysfunction”. The information is abstract section, on page 2 lines 23 to 25

Introduction part:

Comment 2: In the introduction, I have the impression that sexual dysfunction is under-studied in Ethiopia, but there is no objective statement from the authors, beside ref 9. Could the authors clarify this in a statement? Is there other study in Ethiopia?

Response: The based reviewer concern, the statements have revised, page 3 line 26-29 to page 4 line 1.

Methods part:

Comment 3: line 37, pg 5, what was pre-tested for and what was modified. Was the pretest a form of face-validation? If so, this need to clarify in the text.

Response: The pre –test was done to evaluate the readability, understandability, completeness and reliability of the questionnaire. So, the modification was made for problem related to readability, understandability and completeness of the tool. Since we used a validated tools to measure concepts such as sexual dysfunction (CSFQ-14) and depression (PHQ-9) we did not go for face validation. The revised statements are on page 5, line 8-12

Comment 4: Line 57, pg 5: how were the behavioral factors and medical condition measured? And how they were categorized?
Response: The details of how these variables were measured have been included in method section, under measurement sub-heading. Page 6, line 7-29 and page 7, line 1-4.

Comment 5: Strictly, hypertension is not a complication, rather, a co-morbidity

Response: Sorry! It error. It should be written complication or co-morbidity. We merged these together because it is very difficult to differentiate from secondary data (on adequate information patient card) if these conditions are occurred secondary to DM as complications or happened as co-morbidity. Page 6, line 1 to page 7, line 4

Comment 6: Please provide ethics approval number.

Response: Now we have included ethics approval reference number, page 7 line 20

Result part:

Comment 7: what is the unit for FBS?

Response: mg/dL included as a unit of FBS. Result part, page 8, line 10

Comment 8: Table 2: presenting the "yes" would be sufficient. As the "no" is just the reciprocal of "yes"

Response: As per suggestion of the reviewer, rows presenting” No” response have omitted and n=398 has added in table title. Table 2

Comment 9: Table 3: "glycemic control" is better to include the criteria used, i.e. the level of FBS; clarify what complication does this refer to?

Response: criteria’s use to categorize glycemic control as good or bad added and complication is have include under table 3.

Comment 10: Is there a particular reason for age to be categorized to 41?

Response: we used mean to categorize as =&lt;41 and above mean &gt;41

Comment 11: Title for figure 3 is not clear: the prevalence of different type of sexual dysfunction?
Response 12: Based on the concern of reviewer, revised. “Figure 2: Prevalence of different domain of sexual dysfunction among male and female, MTUTH and Tepi General Hospital southwest Ethiopia, July 2018 (Male=256, Female= 142). “ Page 15, line 37

Discussion part:

Comment 12: Just before limitation, the authors might want to state what is "new" in this study. Comparisons were made, but is there any new information that we learnt from this study?

Response: The study address the issue that was not well studied in Ethiopia, so the finding essential for health care providers and policy makers. Since the prevalence varies from place and time the study is also important to have settings specific information. In addition, it also supplement the existing information since there are inconsistences among different studies.

Comment 13: The limitation should also include a statement on how representative of this study population compared to general population, as the patient seeing in referral centers represent a different health risk.

Response: we accepted and incorporated the suggestion of the reviewer. Page 11, line 21-22

Comment: Ref 8 is incomplete

Response: Sorry! The reference we cited is outdated reports from The American College of Obstetricians and Gynecologists (ACOG), and that report is not relevant currently, so we omitted it from manuscript.