Author's response to reviews

Title: Relationship of psychological and oral health statuses with self-perceived halitosis in a Jordanian population: a cross-sectional study

Authors:

Firas Q Alzoubi (firasz@just.edu.jo)
Jumana A Karasneh (jumana2003@yahoo.com)
Nidal M Daamseh (dr.ndaamsa@hotmail.com)

Version: 3 Date: 23 April 2015

Author's response to reviews: see over
Dear Dr Aida,

Thank you very much for considering our manuscript entitled “Relationship of psychological and oral health statuses with self-perceived halitosis in a Jordanian population: a cross-sectional study”, for the publication in BioMed Central Oral Health.

We received very helpful comments from the reviewers. We appreciated the constructive criticisms and are now aware of the mistakes and we have addressed each of the concerns as outlined below.

We look forward to receiving the final decision soon.

Sincerely,

Firas Alzoubi, MD, FRCS
Chairman, Special Surgery Department
Consultant and Associate Professor of Otolaryngology
Faculty of Medicine
Jordan University of Science and Technology
PO Box 3030, 22110
Irbid Jordan
Email: firasz@just.edu.jo
Mobile: +962795411417
Editor comments:
study design in the abstract is not appropriate.
The Abstract has been completely revised

Number of subject was not coincident in the method and results (total of male and female).
Mistake was corrected

Tables should added percentages.
Done

Please consider multiple comparison for statistical test.
Few additions has been made according to the reviewers comments

For the spelling/grammar and language errors;
the language has been edited by a professional, native speaking editor experienced in copy editing medical and science manuscripts.

Dr Takahiko Oho report:

Major comments:

The authors analyzed 100 patients who visited halitosis clinic at University Hospital with or without self-perception of halitosis.

Actually they are not patients coming to the halitosis clinic. After reviewing the manuscript, we discovered that we did not clarify this point and we mislead the reader by the title of the article. We corrected the title to be “Relationship of psychological and oral health statuses with self-perceived halitosis in a Jordanian population: a cross-sectional study” instead of “among Jordanian Patients”. And we made many changes to the material and methods section to clarify this point.

The results in this study are not consistent with the previous reports, but it seems reasonable since halitosis is multifactorial symptom. More discussion is necessary about the cause of different results citing these previous reports. In addition, several concerns arise which will improve the manuscript.

Discussion has been modified with adding relevant previous report and trying to clarify the difference between this study and the previous studies.

Minor comments:

1. Page 6, line 144, the number of female was not 49 but 59 based on Table 2. This mistake has been corrected.
2. Table 4, in this table, authors divided subjects with self-perceived halitosis to two groups, group with actual malodor and group without actual malodor. It is unclear what the value means? Which item did the authors use to relate to the score of SCL-90R? What kind of statistical method was used? The table was revised to include the results of the whole group (column one). The overall total score of the SCL-90R is used to represent psychoneuroticism. Each item describes a physical or psychological symptom that is rated on a five-point scale ranging from 1 to 5. The participants were asked to answer the items to indicate the extent to which the symptoms of the SCL-90R were manifest during the week preceding the day of answering. A multivariate logistic regression analysis was used to identify potential sociodemographic risk factors that might affect mental symptoms. Adjusted odds ratio were calculated and this is the figure shown in the table. This was added to the Material and Methods and to the table.

3. Page 8, line 175 and 179, The term ‘general population’ is inappropriate, since all the subjects were recruited from patients who had history of oral malodor. Agree, general population was replaced with a group of participants attending the outpatient clinics for different reasons.

4. Page 8, line 190, methyl mercaptan is CH3SH, and dimethyl sulfide is (CH3)2S. The mistakes were corrected.

5. Page 9, line 215, It is better to change the expression to modest form, since the result were not significant levels. Totally agree, the expression was changed.

6. Page 10, line 250 Reference is incomplete. Reference was completed.

Dr Yusuke Matsuyama’s report:

Major Compulsory Revisions

1. The main purpose of this study was to investigate that how halitosis as a symptom can be truly self noticed as you wrote. Thus, I though it is better to calculate sensitivity and specificity. This has been calculated and added to the result section.

2. The participants of this study were recruited form one outpatient department of a hospital. Thus, the representativeness of the participants is too limited for the objective of this study, to find out if halitosis as a symptom can be truly self- noticed by GENERAL population. Actually they are not patients coming to the halitosis clinic or one outpatient department. After reviewing the manuscript, we discovered that we did not clarify this point, so we made many changes to clarify this.

3. In addition, you used completed data of 100 patients to analyses. This could cause some bias. Using data of missing information as dummy variables should be
conducted. This is one of the limitations of this study and mentioned in the newly added section.

4. On page 9, line 209, “This confirms the true presence of malodour in the self-perceived patients that might be caused by non-oral or periodontal factors.” Why you could say that although you excluded patients with halitosis with non-oral factors? We did not exclude them but we did not include patients coming primarily to Otolaryngology or oral medicine clinics trying to eliminate selection bias. The inclusion and exclusion criteria have been more clarified in the text.

5. On page 10, line 225, “The younger age group has more tendencies to discover their own breath malodour and to seek help.” To say this, the analysis about the association between age and self-reported halitosis is needed. Agree, we added the analysis and P value.

6. The objective of the analyses of table4 is unclear. Why did you not use participants without self-reported halitosis? Agree, The table was revised to include the results of the whole group (column one). We subdivided the self reported halitosis as true positives and false positives to find any delusional or other psychological components in this category.

Minor Essential Revisions

1. On page 3, line 66, It is better to write citation number on “In 90% of cases, the cause of halitosis is located in the mouth and is usually associated with deep carious lesions, periodontal disease, oral infections, pericoronitis, mucosal ulcerations or impacted food and debris” although it seems to come from reference [2]. Agree, citation was added.

2. On page 4, line 93, “125 patients were recruited from outpatient department of King Abdullah University Hospital by the same clinician between January and April 2013 with history of oral malodour.” A sentence should not start with numeric character. Agree, sentence was modified and the language of the whole manuscript has been edited by a professional, native speaking editor experienced in copy editing medical and science manuscripts.

3. On page 6, line 144, you describe “There were 41 males and 49 female,” but the former sentence, you wrote the total number of subject you used in the analyses was 100. This mistake has been corrected.

4. On page 8, line 179, in the sentence of “the participants were selected from the general population and were examined in the otolaryngology,”, the words “selected from the general population” should be changed because they came from one outpatient-department. Agree, this sentence has been corrected and clarified.
5. On page 8, line 183-185, the sentences “We found that the self-perceived entity is about 40% of the total group of subjects with history of halitosis (n=125). The mean age for the self-perceived halitosis group was 47 years that is significantly lower than the mean age of 55.6 years for those who do not think that they have halitosis but advised by others (p value 0.001).” should be moved to result section or at the beginning of discussion section. Agree and moved.

6. In table 2, the definition of low income should be described. Agree and the definition was added.

7. In table 2, is smoking duration (<10 years) the mistake of (>10 years)? Yes it is a mistake, we correct it to be >10 years.

8. In table 2 and method section, what was the question about brushing, dental flossing, miswak, and mouth rinse? The questions were: Do you brush your teeth daily? Do you use dental floss, miswak, mouth rinse? If yes how often? The table was clarified.

9. You used OLT as abbreviation, but OL in table 4. They should be unified and spelled out in table 4. Agree and the table was corrected.