Reviewer's report

Title: The Correlation Between Psychological Status and Oral Conditions with Self-perceived Halitosis among Jordanian Patients

Version: 2
Date: 7 April 2015

Reviewer: Yusuke Matsuyama

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Dear Authors,

Thank you to give me an opportunity to review this manuscript. I think this study focuses on an important topic because it addresses to establish the reliability of self-reported halitosis. However, I thought there were some over implications.

Major Compulsory Revisions

1. The main purpose of this study was to investigate how halitosis as a symptom can be truly self noticed as you wrote. Thus, I thought it is better to calculate sensitivity and specificity.

2. The participants of this study were recruited from 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 the GENERAL population.

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.

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?

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.

6. The objective of the analyses of table 4 is unclear. Why did you not use participants without self-reported halitosis?

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].

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.

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.

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.

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.

6. In table2, the definition of low income should be described.

7. In table2, is smoking duration (<10 years) the mistake of (>10 years)?

8. In table2 and method section, what was the question about brushing, dental flossing, miswak, and mouth rinse?

9. You used OLT as abbreviation, but OL in table4. They should be unified and spelled out in table4.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I declare that I have no competing interests