Author's response to reviews

Title: Eating disorders - knowledge, attitudes, management and experience among Norwegian dentists

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Author's response to reviews: see over
Comments on the reviewers’ reports

Find our responses below each remark made by the reviewers

Reviewer 1

This reviewer enjoyed reading this interesting, well-written manuscript a great deal. The authors should be commended for attempting to improve the knowledge of eating disorders amongst the dentists of Norway, which is the likely overall aim of their project. And they ambitiously tried to reach ALL Norwegian dentists, probably a difficult task, although dentists in other countries are likely even harder to get to comply. The findings in this study are unsurprising, yet undoubtedly important for the obvious next step in the authors project, i.e., the launch of a training programme for Norwegian dentists in how to managing patients with eating disorders. The low response rate, a mere 40%, may not be a major problem, in view of the fact the results are unsurprising. Yet, many readers will be skeptical in the face of such a high rate of non-responding. Some will probably lose interest.

Our response: Many thanks for the positive remarks. Yes, it is today difficult to reach an ideal response rate in questionnaire surveys directed toward health personnel, but seen from the perspective that we tried to involve the total population of Norwegian dentists, 40% participation is considered reasonably good.
Reviewer 2

There is concern that the prevalence of eating disorders is increasing and dentists may be the first professionals to assist patients suffering from these conditions, contributing to their early referral for treatment. Therefore, this manuscript deals with a subject of relevance. However, important aspects need attention before it can be considered suitable for publication.

Our response: We certainly agree that the paper deals with a subject of relevance and we have tried below to respond to the concerns from the reviewer.

**Major Compulsory Revisions 1-Title**

1. It is not clear that it refers to the professionals’ clinical experience with ED. In the way it is presented, it may suggest that it refers to dentists’ experience of suffering from ED. I recommend changing the title to ‘Eating disorders - knowledge, attitudes, management and clinical experience of Norwegian dentists.

   **Our response: done**

2. Abstract

I do not have access to the full text of a previous study of the main author and co-workers: Johansson AK, Nohlert E, Johansson A, Norring C, Tegelberg A: Dentists and eating disorders--knowledge, attitudes, management and experience. Swed Dent J 2009, 33:1-9. However, the abstracts of the two studies are almost identical. Therefore, I strongly recommend rewriting the present abstract, in order to avoid self-plagiarism.

   **Our response: done**

**Introduction**

3. Line 82-83: I recommend expanding the aim, according to the abstract and the title of the study

   **Our response: done**

**Methods**

4. Line 89: what was the actual number of questions in the questionnaire? Twenty-nine (as quoted in abstract) or 33 (as quoted here)?

   **Our response: Sorry, the correct figure is 33 and the abstract is changed accordingly.**
5. Line 93: it is necessary to include information on how the sample was stratified, considering the number of years of graduation. Moreover, according to Table 1, over 87% of the professionals had five or more years of professional experience. Therefore, why did the authors consider the time of ‘five years’ as the median observation for the sample? I recommend that all the results and conclusions based on this stratification be reevaluated.

Our response: Firstly, the cut-off point of 5 or more years of clinical experience is based on our conviction that if a dentist has been clinically active for more than 5 years she/he may be deemed as being “experienced”. Relating to the forgoing, our intention was to evaluate if the dentists’ experience was related to the ED variables investigated.

Secondly, the same cut-off point was used in our similarly-designed study on ED and Swedish dentists (Johansson AK, Nohlert E, Johansson A, Norring C, Tegelberg A: Dentists and eating disorders - knowledge, attitudes, management and experience. Swed Dent J 2009, 33:1-9) applied and we wanted to be able to compare the responses from both dentist populations.

6. Line 99: who were the dentists who piloted the questionnaire?

Our response: This has now been clarified in the sentence on line 99: “A convenience sample of ten dentists (general practitioners and specialists) was asked to respond and comment on the questionnaire and the final questionnaire was adjusted accordingly.

7. Line 107-108: The statistical test used is not adequate to compare differences in proportions related to two categorical variables, as seen in the text and tables, such as when reporting the association between gender and professional affiliation (e.g., result presented in line 124). Please review.

Our response: In cases where proportions related to two categorical variables, the Pearson Chi-Square test is now applied. When comparing continuous, ordinal or numerical variables, the non-parametric independent sample Mann-Whitney U-test was used. Percentage frequency distribution in tables is given for descriptive purposes only. The section “Statistical analyses” has been re-written

Results

8. Line 114: figures are incorrect: 40% of 4282 correspond to 1713 professionals and not 1726, as stated by the authors. Which one is incorrect: the response rate (40%) or the number of subjects in the study (1726)?

Our response: 1726 responders correspond to 40.3% response rate and equals 40% after rounding. We prefer to keep percentage figures without decimals throughout the paper for ease of reading.
9. Line 119-128: the presentation of results in this paragraph and Table 1 is very confusing. The authors mention that 85% of all respondents were General Practitioners (GPs). According to Table 1, the total number of GPs was 1317. Considering the whole sample of 1726 dentists, 1317 would represent 76% of the total. On the other hand, if the authors refer to the total of dentists responding to that question (n=1522), 1317 represents 86.5% and not 85%. In line 120, proportions for the number of GPs in public and private sectors are presented in relation to the total number of GPs (n=1317), while in Table 1 they are presented considering the 1522 professionals who responded to the question. I recommend removing this information from the text and concentrating its presentation on the table, in order to clarify it.

**Our response:** Yes, correct. We have removed the information from the text and refer only to Table 1 which is self-explanatory.

10. Line 131-134: statement in lines 133 e 134 is not directly linked to lines 131 and 132. Therefore, rewrite as two separated sentences.

**Our response:** Done

11. Line 135-143: it is a repetition of data from Table 3. I recommend excluding and making a reference in the text.

**Our response:** We have removed the text referring to table 3 in the results section and have instead made a reference to the table only.

12. Line 215: the correct proportion is 54%, since those who had not suspected were 46% (according to line 212).

**Our response:** Correct, and changed to 54%

13. Line 215-220: proportions in relation to what the dentist did when suspected of ED are higher than 100%.

**Our response:** The percentage of dentists is removed and instead the total number of patients (instances) in the different categories are presented. "Among the 54% of dentists, who had suspected ED in a patient, there were 1887 instances where the patient/parent was not informed about the suspicion by the dentist; 953 instances where the dentist told the patient/parent and had the diagnosis confirmed, and 699 instances where the dentist told the patient/parent but not had the diagnosis confirmed"

14. Please change the last sentence to ‘Dentists’ experiences of ED patients are summarized in Table 6’.

**Our response:** Done

Line 317: when was the study performed: 2010, as quoted in Methods, or 2012, as quoted here?

**Our response:** Sorry, typing error and now changed to 2010
15. Line 358-359 Table 1: Data are presented in a very confusing way. Proportions related to professional affiliation were calculated in relation to the number of respondents, totalizing 100%. On the other hand, proportions for women were calculated as relating to the number in each professional affiliation (e.g. 252/381 = 66%). I recommend these to be presented in relation to the total number women in the table.

Our response: Thanks! Yes, we agree that Table 1 is confusing. Women in each category are no given in percentage of the total.

16. Please include the number of professionals along with the proportions for years of professional experience (please also consider my previous comment about this issue).

Our response: Done

17. The footnote regarding the figure of ‘226’ does not seem to be correct, as 226 plus 1522 would result in 1748, and not in 1726 professionals as the total number of participants in the study.

Our response: Agree and the footnote is now corrected.

18. Line 366-371 Table 2: it is necessary to include a footnote related to the non responses.

Our response: Done

19. The total percentages for both males and females exceeded 100%.

Our response: Yes, because of rounding (see also comment above).

20. Line 372-374 Table 3: presents statistical data in relation to differences observed between females and males, but these data are not presented in the table. Include this information and also a footnote explaining to which ‘other sources’ the authors refer to.

Our response: Gender differences as regards acquired knowledge are inserted in the result section: “Females reported significantly more often than males to have acquired knowledge from dental school (\(P < 0.01\)) and through courses related to ED (\(P < 0.05\))”. The p-value in the table refers to the differences between general and oral health knowledge related to source and the footnote is changed accordingly. We have not recorded what “other sources” indicated.
Discussion

21. Line 306-327: The authors acknowledge the low response rate as a limitation of the study and that results cannot be considered representative for the total population of Norwegian dentists. I recommend that they also discuss the reason for such a low response and suggest strategies to overcome this problem in future works. A paper that might be useful is: Edwards PJ, Roberts I, Clarke MJ et al. Methods to increase response to postal and electronic questionnaires, Cochrane Database of Systematic Reviews, no. 3, Article ID MR000008, 2009.

Our response: Thanks, we have included this reference and main findings in the appropriate discussion section.

Minor Essential Revisions

22. Line 375-378 Table 4: change 4.0 to 4

Our response: Done

23. Line 386-390 Table 6: There is a mistake in the footnotes, as two of them are presented with one asterisk.

Our response: Corrected

Discretionary Revisions

24. Line 150-153: I suggest including only the main source of information, as reported for general knowledge and ED.

Our response: The sentence has been re-formulated to: “Those with longer professional experience had obtained more of their knowledge through media, own experience, self-studies, continuing dental education and other sources (P <0.01 to P <0.001)”.

25. Line 157-159: these results are not related to knowledge about ED.

Our response: Agree, and we have moved this paragraph to the section “Experience of ED patients”

26. Line 160-169: these results would be more appropriately located when reporting aspects related to ‘Knowledge’ of ED.

Our response: These lines are moved to the “Knowledge” section according to suggestion
27. Table 1: include ‘Professional affiliation’ in the first row.
   
   **Our response: Done**

28. Table 2: include ‘Self-rated general knowledge’ in the first row.
   
   **Our response: Done**

29. Table 3: include ‘Source of acquired knowledge’ in the first row.
   
   **Our response: Done**

30. Table 4: include ‘Levels of difficulty’ in the first row.
   
   **Our response: Done**

31. Table 5: include ‘Suggested management options’ in the first row. Table 6: include ‘Question’ in the first row.
   
   **Our response: Done**

**Editor’s comments**

Your manuscript has now been peer reviewed and the comments are accessible in PDF format from the links below. Do let us know if you have any problems opening the files. Please note that we have included additional comments from the Associate Editor. Additionally, we have some concerns about your manuscript which we will need you to address before we can proceed further with your submission. We note that some of the text of this manuscript appears to have been re-used from a manuscript you have previously published (your reference 19, Dentists and eating disorders—knowledge, attitudes, management and experience. Swed Dent J 2009, 33:1-9.). The abstract seems to have been copied almost word-for-word. There are also duplications all over your manuscript, particularly in methods section.

**Our response: The intention of this study was to duplicate our previous investigation in Sweden among the Norwegian dentists and to evaluate if differences existed despite that the dental health system is quite similar in the two countries. The methods applied are therefore almost identical and has then to be described in a similar manner. The analysis of data and result presentation also need an identical approach in order to allow meaningful comparisons between the two populations to be made. However, we have made substantial changes to the wording in the paper in order to avoid too much similarity to our previous publication.**
Please note that BMC Oral Health considers self-plagiarism to be unacceptable and, as a member of the Committee of Publication Ethics (COPE: http://publicationethics.org/) takes such concerns seriously. We are very disappointed, however, in this case we believe the problems may arise from slight differences in academic customs. In this case we would be willing to consider a resubmission of your manuscript if you were able to ensure that there is no 'duplicated' text in your revised manuscript.

Please take a particular care to re-write the Abstract. We understand that you might be using the same methodology as described before, but please make sure that you provide appropriate acknowledgments of this, and include the reference to the relevant publications there. Please also consider all the other changes recommended by the reviewers and editors.

**Our response:** In the original submission, our previous paper was referred to 5 times in appropriate sections, including in Methods. An additional setting is included at the beginning of the Method section “The methodology applied in this study is to great extent a duplication of a previous study performed in Swedish dentists [19]. Abstract is re-formulated.

**Associate Editor comments:**

1. The reviews of Drs Södersten and Dr Auad shall be fully taken in account. The following comments from associate editor are completing those reviews and are "Major compulsory revisions”.

   **Our response:** Done

2. In the introduction as well as in the discussion, comparisons are made between Sweden and Norway ? not with other countries. Also, there are some statements only applicable for certain countries (see for instance line 65 about regular recalls). The authors should complete the text to be interesting for the international readership of the journal.

   **Our response:** We have not found data from other countries directly comparable to ours except for the papers published by DeBate in the US which we have referred to throughout the paper.

3. Ethical approval: which committee?

   **Our response:** This is mentioned in the Ethics section

4. Results, line 114-116: The response rate is unclear. As it stands now, the reader get the impression that (for instance) only 5% of dentists <30 years answered the questionnaire. Or did they constitute 5% of all participants?

   **Our response:** The sentence is re-written and hopefully now clear.
5. The discussion section is too long. There are possibilities of reductions as there is some repeating of results.

Our response: The discussion section is now shortened

Executive Editor comments:
1. Please include all individual authors' contributions in 'Authors' contributions' section: We suggest the following kind of format (please use initials to refer to each author's contribution): AB carried out the molecular genetic studies, participated in the sequence alignment and drafted the manuscript. JY carried out the immunoassays. MT participated in the sequence alignment. ES participated in the design of the study and performed the statistical analysis. FG conceived of the study, and participated in its design and coordination and helped to draft the manuscript. All authors read and approved the final manuscript.

Our response: All authors have been actively involved in all components of this paper why it is impossible to distinguish between the contributions of each. We therefore would prefer to keep the existing writing in this section.

We would be grateful if you could address the comments in a revised manuscript and provide a cover letter giving a point-by-point response to the concerns.