Reviewer's report

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

Version: 2
Date: 5 December 2014
Reviewer: Sheyla Auad

Reviewer's report:

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.

Major Compulsory Revisions

1- Title
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.'

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.

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

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

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.

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

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.

5-Results

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)?

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.

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

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

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

Line 215-220: proportions in relation to what the dentist did when suspected of ED are higher than 100%. Please change the last sentence to ‘Dentists’ experiences of ED patients are summarized in Table 6’.

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

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

Line 366-371 Table 2: it is necessary to include a footnote related to the non responses. The total percentages for both males and females exceeded 100%.

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.

6- Discussion

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.

Minor Essential Revisions

Line 375-378 Table 4: change 4.0 to 4

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

Discretionary Revisions

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

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

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

Table 1: include ‘Professional affiliation’ in the first row.

Table 2: include ‘Self-rated general knowledge’ in the first row.

Table 3: include ‘Source of acquired knowledge’ in the first row.

Table 4: include ‘Levels of difficulty’ in the first row.

Table 5: include ‘Suggested management options’ in the first row.

Table 6: include ‘Question’ in the first row.

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, and I have assessed the statistics in my report.

Declaration of competing interests:
I declare that I have no competing interests.