Author’s response to reviews

Title: Oral health status among visually impaired schoolchildren in northeast China

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Author’s response to reviews:

Dear Mr. Al-Maweri,

Thank you very much for your decision letter and advice on our manuscript (Manuscript OHEAD18-00583) entitled “Factors affecting oral health status among visually impaired schoolchildren in northeast China”. We also thank the reviewers for the constructive and positive comments and suggestions. Accordingly, we have revised the manuscript. All amendments are highlighted in red in the revised manuscript. In addition, a final, clean version of the revised manuscript was uploaded as supplementary files. And point-by-point responses to the comments are listed below this letter.

We hope that the revision is acceptable for the publication in your journal.

Look forward to hearing from you soon.

With best wishes,
Yours sincerely,

Lu Liu

First of all, we would like to express our sincere gratitude to the reviewers for their constructive and positive comments.

Replies to Reviewer 1

Specific Comments

1. Introduction:-Objectives: Should be written separately after the introduction and not as a part of it unless the guidelines of manuscript says so.

Response: Thanks for your constructive suggestions. It is necessary to emphasize the objectives at the ending point of introduction, which were described in our revise manuscript (Page 7, Lines 119-126).

2. Method: Total of 119 children was not mentioned in the methodology. appears directly in the results. Age group and gender also should be mentioned in the methodology. Assessment of dental caries, gingival bleeding and malocclusion was recorded based on which index? not mentioned. (for example-WHO Oral Assessment Form) or any other index how was it recorded and calculated?

Response: Thank you for your helpful suggestions. These important information of participates has been briefly rewritten in the methodology of the revised manuscript (Methods section, Page 7, Line 132- Page 8, Line134). Assessment of dental caries, gingival bleeding and malocclusion was recorded based on the criteria used in the Third National Oral Health Epidemiological Survey in China, as was mentioned in the revised manuscript (Methods section, Page 8, Lines 142-144).

3. Discussion: page 12 the explanation for prevalence of caries more in girls than boys -- girls tend to consume more snacks than boys- please give a valid explanation for the point or change the explanation.

Response: Thanks for your thoughtful suggestion. Accordingly, the statement regarding snacks has been removed in the revised manuscript (Discussion section, Page 13, Lines 254-255).

4. Discussion: page 13- please use oral habits instead of oral health habits are a major cause of malocclusion.
Response: Thanks for your sincere comments on our manuscript. We have applied oral habits instead of oral health habits in our revised manuscript (Discussion section, Page 14, Lines 279-280).

5. u can also mention some recommendations and also scope for future study can be mentioned as there is a lot more to be done for these children

Response: Thanks for your positive comment on the present study and insightful suggestion on further investigation. According to our investigation, it is important to emphasize oral health education among the visually impaired schoolchildren and the guardians, and explore feasible treatment for their oral disease in the future research. Several sentences have been added in the revised manuscript (Conclusions section, Page 17, Lines 332-335).

Replies to Reviewer 2

Specific Comments

1. Title: I would suggest changing it to Oral health status among visually impaired schoolchildren in northeast China

Response: Thanks for your helpful suggestion. Accordingly, the title has changed into “Oral health status among visually impaired schoolchildren in northeast China” (Title section, Page 1, Line 1).

2. Abstract - Background: you cannot say here we assessed…

The word WE cannot be mentioned in the abstract

It would be better to say the aim of this study was to assess…

Response: Thanks for your positive comment. Several corrections have been revised in the Abstract of the manuscript (Abstract section, Page 3, Lines 41-43).

3. Abstract - Methods: You mentioned other oral health related problem. However, I could not find it in the results section. Please clarify it.

Response: Corrections have been made in the Abstract of the revised manuscript (Abstract section, Page 3, Lines 47-49).

4. Abstract - Results: the last sentence about logistic regression needs to be revised
Response: Corrections have been made in the Abstract of the revised manuscript (Abstract section, Page 3, Lines 56-58).

5. Abstract - Keywords: add China, mention factors only instead of influencing factors.

Response: Corrections have been made in the Keywords of the revised manuscript (Keywords section, Page 4, Line 65).

6. Introduction- It is too long. Suggest revising it to make more precise

Response: Thanks for your helpful suggestions. The Background section has been carefully revised. The unnecessary words, describing economic development of northeast of China, have been deleted in the revised manuscript (Background section, Pages 6-7, Lines 103-116).

7. Introduction- Some statements without references

Response: Thanks for your constructive suggestions. The associated references have been inserted at the appropriate point, as is shown in the revised manuscript (Background section, Pages 5-6, Lines 79, 82, 90-91).

8. Introduction- Please write the full words of OHL-S.

Response: The full words of OHL-S is Oral Hygiene Index-Simplified. Several corrections have been added in the Background of the revised manuscript (Background section, Page 5, Lines 81-83).

9. Introduction-- This section should be ended with problem statement then the aims of the study.

Response: Thank you for sincere suggestions. It was logically to emphasize the aims of the study at the ending point of background section. Several sentences have been added in the Background of the revised manuscript (Background section, Page 7, Lines 119-126) to address this issue.

10. - Materials and methods

- No information about caries-free children. Were there some children with no caries?

- No information about the medical status of the children. Were there all healthy with no systemic disease?
Response: Thank you for raising this kindly comment on our manuscript. The prevalence of caries-free children was 21.36% in our investigation (Results section, Page 10, Line 186). The associated medical status or systemic disease were usually kept by the guardian. Since the blind school were boarding school, we conducted this questionnaire without the guardian on the spot. The further questionnaire about the guardian would be conducted, the correlation analysis of systemic disease with oral status would be a focused issues in our future research.

11. - Materials and methods
- Add the reference that used for assessing the visual impairment.

Response: Thank you for your thoughtful suggestion. It was significant to add the reference used for assessing the visual impairment in our manuscript (Materials and methods section, Page 8, Line 136).

12. - Materials and methods
- It would be better to mention the indices used in assessing the oral health status such DMFT to assess the caries experience.

Response: Sincerely thank you for presenting this constructive suggestion for better clarification of our manuscript. The common indices used to assess the oral health status were added in the revised manuscript. (Materials and methods section, Page 8, Lines 147-149).

13. - Materials and methods
- I would to suggest changing Quality control to The calibration.

Response: Corrections have been made in the revised manuscript (Materials and methods section, Page 9, Line 155).

14. -Results
- I would suggest moving "the overall mean number of caries…” from general characteristics to be under caries sub heading.

Response: Thanks for raising this critical issue. Accordingly, corrections have been made in the revised manuscript (Results section, Page 10, Lines 184-186).

15. -Results - No SD value for the mean age.
Response: Thank you for raising this constructive suggestion on our manuscript. The mean age of the participants was 15.93±4.28 years (range, 6–20 years), which was described in the revised manuscript (Results section, Page 10, Line 180).

16. -Results - Page 9 line 170, the authors stated 96% of primary teeth were missing and 84% of permanent teeth were missing too. Actually they were not missing based on the table 2. Please check them.

Response: Corrections have been made in the revised manuscript (Results section, Page 10, Lines 190-191).

17. -Results - The authors used the term rate, do you mean prevalence?

Response: Sincerely thank you for your kindly comments on our manuscript. It was more specialized to use prevalence instead of rate in epidemiology research, which were all modified in our revised manuscript (Results section, Pages 10-11, Lines 197, 202, 204-205, 209-211).

18. Discussion

- It needs to be revised.

Response: Thank you for raising this constructive suggestion on our manuscript. The discussion section were revised carefully.

19. Discussion - The term oral disorder is different from oral disease. So please change it

Response: Corrections have been made in the revised manuscript (Discussion section, Page 14, Line 272).

20. Discussion - The authors stated the previous studies have shown that the prevalence of malocclusion….. with one reference only indicated one study not studies.

Response: Thanks for your positive comment. Accordingly, corrections have been made in the revised manuscript (Discussion section, Page 14, Line 278).

21. List of abbreviations

- Remove it
Response: Thank you for your helpful suggestion on our manuscript. The list of abbreviations was removed accordingly in the revised manuscript.

22. Acknowledgement

- The authors can thank the parent and their children for their participation in this study.

Response: Several sentences have been added in the Acknowledgement of the revised manuscript (Acknowledgement section, Page 18, Lines 372-373) to address this issue.

23. References

- Please follow the journal's guidelines

Response: Thanks for your helpful suggestions. The references have been revised according to the requirement of BMC oral health.

24. Tables

- Too many tables

- Write the full words of your variable

- Sometimes the authors wrote parameter and sometime wrote group. I would suggest writing variables

Response: Thanks for raising this critical issue. Accordingly, corrections have been made in the revised manuscript (Table section, Page 23, 25-27, Table 1, 3-5).

25. - Table 2 is about caries experience (demft/DMFT). Please revise the its title. Move the percentage to be next to the number then mean

Response: Corrections have been made in the revised manuscript (Table section, Page 24, Lines 457-458).

26. - Table 3 is really confusing. Try to rearrange the sequence of the columns. For example number of children with FPM then number of children with CFPM and lastly number of children with PFS.

Response: Thanks for your positive comment. Several corrections have been made in the revised manuscript (Table section, Page 25, Lines 461-462).
27. - Table 5, the authors presented data for "others". No information about others in the results. Suggest writing the details of others

Response: Other malocclusions include open bite, posterior crossbite, cleft lip and palate etc. Several sentences have been added in the revised manuscript (Table section, Page 27, Line 467) to address this issue.

28. - Table 6, do the authors mean primary school (junior school).

Response: Sincerely thank you for your kindly comments on our manuscript. The junior school means middle school, which was revised in Table 6.