Author’s response to reviews

Title: Prevalence of dental caries in children and adolescents with type 1 diabetes: A systematic review and meta-analysis

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Author’s response to reviews:

List of Responses

Dear Editors and Reviewers

Thank you for your letter and for the reviewer’s comments concerning our manuscript ID OHEA-D-19-00083R2 entitled "Prevalence of dental caries in children and adolescents with type 1 diabetes: A systematic review and meta-analysis". Those comments are all valuable and very helpful for revising and improving our article, as well as the important guiding to our researches. We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in bold in the paper. The main corrections in the paper and the responds to the reviewer’s comments are as flowing:

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Responds to the reviewer’s comments:
Reviewing: #1
1. Response to comment: Please include all comments for the authors in this box rather than uploading your report as an attachment. Please only upload as attachments annotated versions of manuscripts, graphs, supporting materials or other aspects of your report which cannot be included in a text format. Please overwrite this text when adding your comments to the authors.
1. Response: We very much appreciate your advice. According to your comment, we have made correction.

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Reviewing: #2
1. Response to comment: Data from abstract results still does not match with in-text and flowchart information: 488 articles were identified as eligible, but only 358 were non-duplicated according to your int-text results and flowchart. However, in the abstract, it says 488 non-duplicated. Please review this information.
1. Response: We are very sorry for incorrect writing. According to your comment, we have made correction in line #34.

2. Response to comment: Please review typing errors and words repetition, such as, "worldwide" repetition in the 3rd and 4th lines; "Dental caries" repetition in the beginning of the sentence from the 9th to 10th lines; "impert" instead of "impact"; "2001-1012" instead of "2001-2012".
2. Response: We are very sorry for incorrect writing. According to your comment, we have made correction in line #50, #56, #60 and #56 .

3. Response to comment: Please review typing errors: Kappa score is among open brackets.
3. Response: We are very sorry for incorrect writing. According to your comment, we have made correction in line #102-103.

4. Response to comment: The registration at PROSPERO database should have been done before the systematic review started. Luckily, it was not found any protocol regarding dental caries in children and adolescent with type 1 diabetes.
4. Response: Thank you for your comment.
5. Response to comment: "Six studies evaluated dental caries using the DMFT index, one study assessed dental caries using DMFT and dmft, one study evaluated dental caries using DFS and dfs, one article evaluated dental caries using DFS and dfs, and one study assessed dental caries by DFS alone." : this information is well described in your table, so it is not necessary to also described within your text. However, if you opt to maintain it, please review the information in bold because it says the same thing.
5. Response: We very much appreciate your advice. According to your comment, We have deleted the sentence “Six studies evaluated dental caries using the DMFT index, one study assessed dental caries using DMFT and dmft, one study evaluated dental caries using DFS and dfs, one article evaluated dental caries using DFS and dfs, and one study assessed dental caries by DFS alone.”

6. Response to comment: The pooled mean (SD) DMFT/dmft and the sensitivity analysis were redone according to the use of DMFT exclusively. But, as you perfectly stated in your review, there is only one study that used both scores (DMFT+dmft). So, the results of not considering this single study do not seems relevant. Mainly because you also performed a subgroup analysis based on the mean age of participants.
6. Response: We very much appreciate your advice. According to your comment, We have deleted the sentence “however, when we excluded one study in which dental caries were assessed by both DMFT and dmft, the pooled mean (SD) DMFT was 7.6 (1.7)”.

7. Response to comment: Table 1: It is still not clear what do you mean by "Number of type 1 diabetes" and "Number of dental caries". Also, "Age, year" is dubious. Please consider the option "Age in years" or "Age (years)".
7. Response: We very much appreciate your advice. According to your comment, we have made correction in Table 1.

8. Response to comment: There are a large number of citations to explain the differences between
dental caries prevalence according to population age. I strongly suggest to summarize these data. Also, one of the references used [38] presented a prevalence of dental caries higher than the present study, when you are trying to highlight that diabetic children have a worsen oral health condition.

8. Response: We very much appreciate your advice. According to your comment, We have made correction and deleted the reference [38]. Although the references used [38] showed a higher prevalence of dental caries than our study, the mean DMFT (1.9-3.7) was lower than our study (mean DMFT was 5.7).

9. Response to comment: "Additionally, our results suggested that more frequent monitoring and controlling of glycaemia are necessary for diabetic individuals suffering from poor metabolic control and dental caries." I strongly believe that your results do not suggest that. Your results suggested that the prevalence of caries is worse among those with bad metabolic control. You can discuss the management of diabetic individuals suffering from poor metabolic control but you cannot conclude what you did not test it. Please, review this sentence. Again, some information are not related to the aim of your study.

9. Response: We very much appreciate your advice. According to your comment, We have deleted the sentence “Additionally, our results suggested that more frequent monitoring and controlling of glycaemia are necessary for diabetic individuals suffering from poor metabolic control and dental caries.”