Author’s response to reviews

Title: Quality of Life and Patient Satisfaction in Bracing Treatment of Adolescent Idiopathic Scoliosis

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Reviewer reports:

Reviewer #1:

1) What kind of language was used in conducting the BrQ questionnaire in this study? Has the research team gone through the validation process of language translation?

The questionnaire was conducted in Spanish, even though the Research and Educational Department performed several procedures to validate and adapt the current Spanish version of the BrQ to our local Spanish speaking population. Manuscript corrected.
2) Prospective comparison of BrQ after the commencement of brace treatment and comparison with other HRQoL instruments should be considered as different ethnic patient groups can have quite different responses to brace treatment and the corresponding adaptations.

It's true in deed, that kind of adaptation to our ethnic/population was properly and thoroughly conducted by the Research and Educational Department.

3) How many cases with parental influence in answering the BrQ questionnaire?

It’s difficult to say because we saw it in many cases, many cases we do know that there is no number, but that’s why we make the comment in the discussion. Most of the times if the kid didn’t seem to understand the question turned to his parent in order to solve the acquard situation, and that time most of the parents were intrigued about the answer of their kid and try somehow to influence in the questionnaire whether they meant it or not. But as we prevently stood there at the office at all time it was not allow and recommended not to do it.

4) More statistical treatments and ways of result presentation on the analyzed data should be performed rather than descriptive presentation (in percentage only).

Charts/graphs have been added to results in order to make it more simple and comprehensible, very good point.

Thank you. In deed no statistical analysis was made. One of the inherent limitation of the manuscript it is the small group of 44 children that met the inclusion criteria, even though we took profound consideration about that but according our unique health system and underlying social and economical and demographical situation, statistics would not really give a truly insight in this topic in this small group of children in a particular population, though highly interesting results were found. BrQ standardized score was conducted. Correction was made in the manuscript.
Reviewer #2:

Abstract:

L.43 patients.

Noted. Thank you.

Introduction:


What is the aim of the study

“Genetic mapping studies suggest high genetic heterogeneity, but no IS disease-causing gene has yet been identified. Here, genetic linkage analyses combined with exome sequencing identified… expression of any of the 3 human IS-associated POC5 variant mRNAs resulted in spine deformity, without affecting other skeletal structures. Together, these findings indicate that mutations in the POC5 gene contribute to the occurrence of IS”.

It’s a reference in published literature that probed that the etiology of AIS has inevitably one more strong genetic component… just one reference to support the manuscript idea.

L.70 Is there a reference?

Yes there is. Reference 1 and 2. Weinstein and Dolan et al. Thank you for noticing that.

L.83 What is the difference with the quality of life evaluation?

another term for bullying? not too overdone?

Another good point.

“Abuse and mistreatment of someone vulnerable by someone stronger, more powerful, etc.”

“Someone who hurts or frightens someone else, often over a period of time, and often forcing them to do something that they do not want to do”.

“Bullying is the use of force, threat, or coercion to abuse, intimidate or aggressively dominate others. The behavior is often repeated and habitual. One essential prerequisite is the perception…”
“Behaviors used to assert such domination can include verbal harassment or threat, physical assault or coercion, and such acts may be directed repeatedly towards particular targets. Rationalizations of such behavior sometimes include differences of social class, race, religion, gender, sexual orientation, appearance, behavior, body language, personality, reputation, lineage, strength, size or ability. If bullying is done by a group, it is called mobbing”.

We believe that there is no universal definition of bullying, however, it is widely agreed upon that bullying is a subcategory of aggressive behavior.

Overdone?, may be so.

Material and method:

1.93: the questionnaire was in english or spanish? What about the validation in spanish?

Research and Educational Department at the Hospital conducted the proper validation to Spanish and specially to our particular ethnic according to special social and educational situation.

1.100: compliance?

Every single patient after the explanation of the objectives of the study agreed to answer the questionnaire without hesitating to do it at the very end of the appointment and retrieve them to the staff surgeon.

1.101: following issues are the same items as in the BrQ

Yes in deed. Good point. Actually the BrQ is associated with eight domains and not five like our paper: general health perception, physical functioning, emotional functioning, self esteem and aesthetics, vitality, school activity, bodily pain and social functioning

1.110: the analysis of the BrQ is standardized with a score

Yes in deed. Sorry. Modification was included in the manuscript. The analysis of the BrQ domain/question #4,5,6,12,14,15,16 and 17 reported a total main score of 63.2 over 100 points. Domain/question #1,2,3,7,8,9,10,11,13,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33 and 34 resulted in a total main score of 65.4 over 100 points. Taking into account both sub groups the BrQ standardized main score was 63.7 (41-94) over 100 points. That represent an idea of a better score associated with a better quality of life. Thank you.
Results:

Standard deviation?

Sorry to say but no statistics have been made. We took profound consideration about that but according our health system and underlying social and economic situation and unique and small population we believed at that time that statistics would not be representative in any way, and therefore we thought that statistics would not be really give a truly insight in this topic. Sorry to say that.

Age of the patients? Mean and SD

We do not know why we omitted that point, it has been added to the manuscript.

“Mean age at brace prescription was 13 years and 2 months (range, 10y+4m to 14y+5mo)”.

More visual with graphs and tables of results.

More graphs have been added. Appreciate that good idea.

What about the difference between sometimes/most of the time/always in the questionnaire

Extremely good point, may be is one of the more difficult issues in the BrQ, even though we really love this questionnaire, from time to time it was difficult for the kid to answer or see the difference about that matter. It might be difficult even for us to see what does it mean “most of the times”… might be confusing and can be interpreted as a limitation.

Even happiness/proud/sympathy for oneself are difficult question to ask and more even difficult for a adolescent to answer…

Discussion:

Why did you use the BrQ?

We found that cover the most different aspect in every day adolescent life.

In the other hand we had in mind the Bad Soberheim Stress Questionnaire (BSSQ), but we thought that the BrQ is more complete, covering more areas/daily adolescent concerns.
Other publication about QoL in TLSO?

There are some in the references... #2/6/7/8/11/17/23/25/41/48/49/52/56/67 for example. There might be more we did not find eventually.

You have to fill up your discussion

Done. Thank you.