Bukti Korespondesi Scientific Reports

Submission
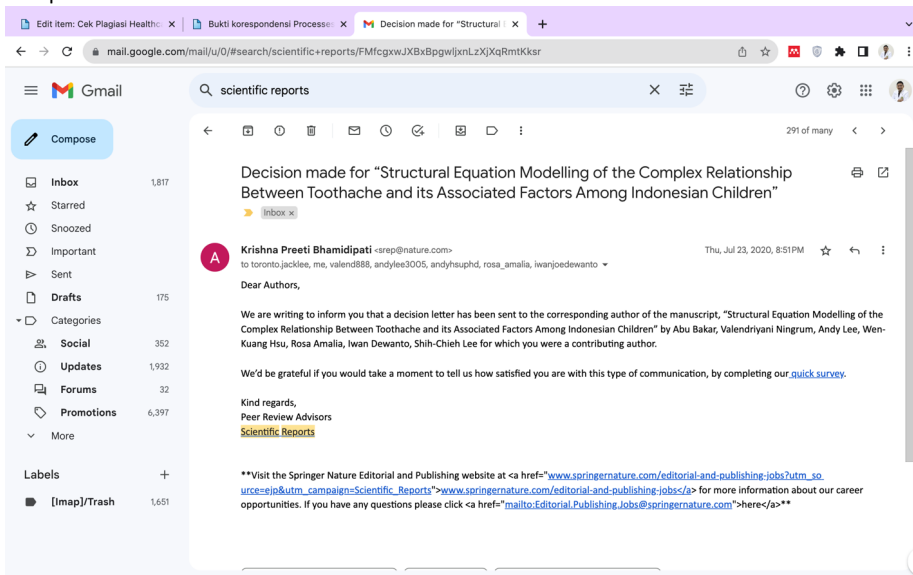

Review

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295 of many ‹ ›

Revision Quality Check: "Structural Equation Modelling of the Complex Relationship Between Toothache and Associated Factors Among Indonesian Children"_c55039e6-9f88-46de-b08b-c5645f1bb346 📩 Inbox ✕

Aishwarya Deshmukh srep@nature.com via freshdesk.com   Mon, Jul 13, 2020, 4:56 PM ☆ ↩ ⋮
to me ▾

COVID 19 and impact on peer review
As a result of the significant disruption that is being caused by the COVID-19 pandemic, we are very aware that many researchers will have difficulty in meeting the timelines associated with our peer review process during normal times. Please do let us know if you need additional time. Our systems will continue to remind you of the original timelines but we intend to be highly flexible at this time.

Dear Prof. Bakar,

Thank you for submitting your revision to Scientific Reports. However, in order to further process your paper, we will require the following to be included:

- Kindly provide the **manuscript with 'marked changes'/'track changes' in the 'related manuscript files' section** only and the 'clean version' of the manuscript in the 'manuscript file' section.

- We observed that files Covering letter (Response to The Reviewers Comments).docx (response to reviewers), STROBE_checklist_cross-sectional_SRep.doc, English editing certificate_Bakar et al.pdf and Manuscript_SRep_R1.pdf (marked changes/'track changes) are provided in the supplementary materials section on our system.

Accepted

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Decision made for "Structural Equation Modelling of the Complex Relationship Between Toothache and its Associated Factors Among Indonesian Children" 📩 Inbox ✕

Krishna Preeti Bhamidipati <srep@nature.com>   Thu, Jul 23, 2020, 8:51PM ☆ ↩ ⋮
to toronto.jacklee, me, valend888, andylee3005, andyhsuphd, rosa_amalia, iwanjoedewanto ▾

Dear Authors,

We are writing to inform you that a decision letter has been sent to the corresponding author of the manuscript, "Structural Equation Modelling of the Complex Relationship Between Toothache and its Associated Factors Among Indonesian Children" by Abu Bakar, Valendriyani Ningrum, Andy Lee, Wen-Kuang Hsu, Rosa Amalia, Iwan Dewanto, Shih-Chieh Lee for which you were a contributing author.

We'd be grateful if you would take a moment to tell us how satisfied you are with this type of communication, by completing our quick survey.

Kind regards,
Peer Review Advisors
Scientific Reports

Visit the Springer Nature Editorial and Publishing website at www.springernature.com/editorial-and-publishing-jobs for more information about our career opportunities. If you have any questions please click here
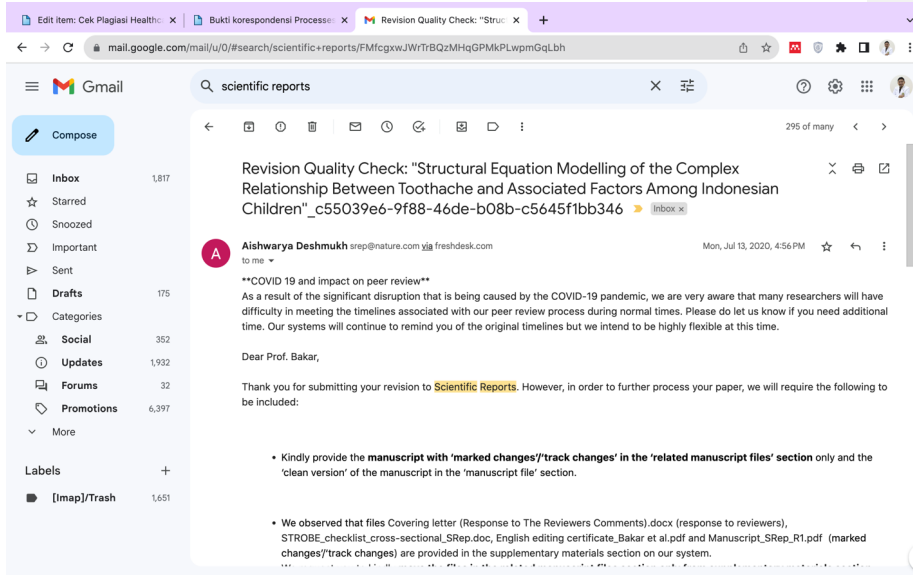
Subject: Submission of revised paper

Submission ID c55039e6-9f88-46de-b08b-c5645f1bb346

Thank you for your valuable suggestion. We have followed your suggestion by describing the covariates relationships more specific. (page 2: line 16-18) (page 2: line 15-17)

7. Methods: The structural equation model should be better detailed regarding the parameters used in the analysis. Do you mean p <0.005 or p<0.05?

Thank you for catching this. We have set p<0.05 as parameter used in the analysis (page 16: line 3-4).

8. Results: Please report the goodness-of-fit of the model.

Thank you for your valuable feedback. We have reported the goodness of fit of the model in Results Section (page 7: line 3-10).

9. "Toothache distributions" subheading: In the second paragraph, it is written "The number of children who ate food 1-2 times daily was higher prevalence of (…)" – please amend the verb. Also, avoid words related to the Discussion section such as "Hence, it can be concluded", "however", "in contrast to". Additionally, you should be aware that the scientific evidence favours tooth brushing 2 times/day.

We appreciate your valuable recommendations. We have made some changes related to the grammatical issues that have been found in Discussion section. (page 6: line 15-19)

10. Results: What does "original sample" mean?

Thank you for questioning this term. Original Sample is the value of the parameter in the original sample. (page 7: line 14) (page 28: table 14))

11. Figure 2 legend: Do you mean p <0.005 or p<0.05?

Thank you for catching this. We mean p<0.05 and we have made the change. (page 23: Figure 2 legend).

12. Discussion, second paragraph: How does SEM can explain the increase in the toothache prevalence comparing 2007 with 2014? Did the analysed covariates change as well?

Thank you for your question regarding the ambiguity of the sentence. We have deleted the sentence because we only analysed the data in 2014. We provided the data of 2000 and 2007 as our preliminary study. (page 8: line 1-2)

13. Discussion, third paragraph: Pain assessment in young children is challenging. Please also discuss this related to your results.

Thank you for your valuable suggestion. We have added the discussion related pain assessment in young children. (page 9: line 6-8、line 13-17)

14. Discussion, second last paragraph: I do not agree that the study design is a limitation, as you

have already chosen the cross-sectional type since the very beginning of the investigation. I respectfully think that the major limitation of this study is the absence of dental caries analysis.
Thank you for your valuable suggestion. We have removed the limitation related to study design. We also followed your valuable recommendation to state that the major limitation of this study is the absence of dental caries analysis. (page 12: line 8-10)

15. Discussion: You should discuss the magnitude of the path coefficients. Many associations are statistically significant, but are them clinically relevant?
Thank you for your valuable recommendation. We have discussed the magnitude of the path coefficient (page 12: line 3-8) and the clinical relevance of the associations. (page 12: line 5-11)

7. What were the possible bias in this kind of study and how bias were addressed.
Thank you for your recommendation. We have mentioned memory bias in limitation and we have addressed it. (page 14: line 23-page 15:line 3)

8. Dental caries is one of the main causes of toothache, but there are other clinical factors that can lead to toothache, such as severe cases of dental fluorosis, dental erosion, dental trauma and molar-incisor hypomineralization. Why authors did not perform clinical oral examination? This is a major limitation and should be discussed.
Thank you for your valuable recommendations. We have added the other clinical factors that can lead to toothache as limitations. (page 11: line 20-22)

Results
9. Please inform the response rate and main reasons for loss of data.
Thank you for your recommendations. We have provided the response rate and the reasons for loss data in the Results section. (page 5: line 3-4)

11. What authors would like to mean with "tendency"?
Thank you for your question. Tendency means have a risk. In this manuscript "tendency" means have a risk of toothache. We have made some changes of this term in Discussion section.

Discussion
12. Authors should not only stating the results, but they should go further when discussing some results to construct a deeper and more interesting discussion.
Thank you for your valuable feedback and several changes have been made accordingly.

13. For example, authors discuss the different prevalence of toothaches reported across studies in different countries. But, they should discuss about methodological criteria used in these studies as well as age ranges of included individuals.
Thank you for your valuable recommendation and several explanations have been added accordingly. (page 8: line 13-24)

14. When discussing about the results that indicated that older children presented higher prevalence of toothache, authors limited their discussion to the time that teeth are exposed in the oral cavity. And how about psychological development and children's ability to report the pain experience to their parents? Please add a better discussion on this topic.

Thank you for your valuable recommendation. We have added the discussion about psychological development and children's ability to report the pain experience to their parents. (page 9: line 12-13)

19. In 9th paragraph, authors stated that "Previous studies also used cross-sectional design to analyse the causal effects of toothache." This is not true and if a study used cross sectional design to analyse causal effects, it is wrong since cross sectional design does not allow determining causality. Please rewrite this sentence.

Thank you for your valuable suggestion. We have removed the limitation related to study design. (page 14: line 12-18)

20. As I mentioned in Methods, dental caries is one of the main causes of toothache, but severe cases of dental fluorosis, dental erosion, dental trauma and molar-incisor hypomineralization can also lead to toothache. Please discuss this.

Thank you for your valuable suggestion. We have added the discussion about other severe cases related toothache. (page 11: line 20-22)

21. Another limitation to be acknowledged is that toothache was assessed by using a single question.

Thank you for your suggestion. We have added the toothache assessment using a single question also as limitation. (page 11: line 12-13)