

## Format for ANSWERING REVIEWERS

April 30<sup>th</sup> 2015



Dear Editor,

We thank the reviewers for their constructive comments. Below are the changes we made to the manuscript according to the proposed suggestions. All changes have been highlighted in the manuscript. Please find enclosed the edited manuscript in Word format (file name: 17760-review.doc).

**Title:** Blunted perception of dyspnea in asthmatic children: a potential misleading criterion

**Author:** Konstantinos Douros, Barbara Boutopoulou, Kostas N. Priftis

**Name of Journal:** World Journal of Clinical Pediatrics

**ESPS Manuscript NO:** 17760

Reviewer 1

The review is very concise and would benefit from some tables and figures to summarize patient characteristics, forced expiratory volume as a function of asthma symptom perception and survival curves. Specific comments: define FEV1 cite and discuss additional relevant papers such as Chen et al. *Health psychology* 2006; 3:389-95.

1) Unfortunately, we are unable to include tables and figures since the current paper is an editorial and not a research paper with original data. Our main intention was to provide a synoptic overview and comparison of the most important (in our opinion) research data and discuss the corollary of these findings. Furthermore, as an editorial, it had to be written in a short and concise way that would allow readers to easily grasp the general idea that is being conveyed.

2) We included and discuss the reference proposed by the reviewer. The following sentence has been added in the first paragraph: "In particular, anxiety in asthmatic children is positively associated with symptom perception during times when children's asthma is mild [3]"

Reviewer 2

This is an excellent commentary on the perception of dyspnea in asthmatic children, expanding on

its ramifications for diagnosis and treatment. The article briefly summarizes the current state-of-the-art and alerts clinicians on potential pitfalls in the management of asthma in the pediatric population. Apart from minor language polishing, the article meets the high standards of the journal.

Some minor language corrections have been done.

Reviewer 3

Dyspnea is a subjective and hard to evaluate symptoms in children. The authors reviewed literature and demonstrated how unreliable the symptom is for clinical judgment. However, we need to consider a few problems in this question. [1] It tolerance to the dyspnea lead to more severe asthma attack? [2] Is psychological factor involved? [3] Is poor perception of dyspnea correlate with severe asthma? I do not think there is any study in these regards but the authors clearly tell us that "do not use this symptom to judge how to treat asthmatic patients".

1) Regarding the questions [1] and [3] posed by the reviewer we have to admit that there are no studies directly dealing with these issues. However, studies such as those by Van Gent et al and Male et al have approached this issue indirectly. What they imply is that blunted sensation of dyspnea in some asthmatic children may result in delayed diagnosis of the disease and put them in jeopardy of a threatening asthma attack, and that differences in perception of breathlessness do occur among asthmatic children and this may be one of the factors that affect the severity of presentation to hospital. What we clearly stated in our manuscript (last lines of the last paragraph) is that "unreliable symptom report may mislead decision-making for long-term treatment of asthma. Thus, therapeutic decisions should not be taken solely on patients' perception and description of dyspnea", which is quite different from "do not use this symptom to judge how to treat asthmatic patients".

We tried to make clearer the absence of direct evidence regarding tolerance to dyspnea and more severe asthma attack / severe asthma by adding the next phrase in the last paragraph of the manuscript: "Despite the absence of direct evidence proving correlation between poor perception of dyspnea with either severe persistent asthma or history of severe asthma attacks..."

2) Regarding the issue of psychological factor, we have discussed it briefly in the first paragraph (as for Reviewer 1) and have added the following: "In particular, anxiety in asthmatic children is positively associated with symptom perception during times when children's asthma is mild [3]"

Very sincerely yours,

A handwritten signature in blue ink, appearing to read 'Priftis', with a stylized flourish underneath.

**Kostas N. Priftis**

Assistant Professor in Paediatric Respiratory Medicine,  
School of Medicine, University of Athens  
Respiratory and Allergy Unit, "Attikon" Hospital,  
Athens, Greece