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## SDI FINAL EVALUATION FORM 1.1

**PART 1:**

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| Journal Name: | **British Journal of Medicine and Medical Research** |
| Manuscript Number: | **2013_BJMMR_7518** |
| Title of the Manuscript: | **The association between near work and ametropia in a population-based study** |

**PART 2:**

| **FINAL EVALUATOR'S comments on revised paper (if any)** | **Authors' response to final evaluator's comments** |
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| Are these values the spheq or the measured RE? | They were the measured RE |
| This diagnostic label is inappropriate. An error of Plano/-1.00 DC will give a spheq of -0.50DS. It is incorrect to designate this as myopia. | Plano/-1.00 DC is simple myopic astigmatism. It does have a spherical equivalent of -0.50S.<br>The definition of myopia as used in this study was in line with similar studies on the same subject for ease of comparison. E.g reference 12, Onal et al, |
| Can this conclusion be reached given the small sample size of the study and the non-random selection of study participants? | Conclusion modified |
| Which specific statistical data analysis was performed? | Chi-square test |
| A three-sentence paragraph is too scanty for a study of this magnitude. Consider adding my background information that will properly situate this present study with what is already known on this subject matter. | Background information Added |
| Besides SA, CMA, and MA, were other forms of astigmatism specified in the diagnostic labels? | No |
| This is not the correct computation of prevalence. P = total with attribute/total subjects at risk x a multiplier. | Statement modified |
| This diagnostic label is wrong in light of comment G 01. Anisometropia is a diff o 2.00D or more btw the two eyes. | The authors agree with the reviewer on the definition of Anisometropia. However, for ease of comparison with cited references, a similar definition was used. |
| Do you mean prolonged accommodation? | Yes. Accommodation. |
| Could you discuss how the sample size of this study compares with cited studies. | In the current study, the sample size was 83, in Turkey 207, Denmark 147, Norway 140, and Singapore 128. |
| 1. Once again, given the diagnostic criteria for myopia in this study (spheq) as well as the small sample size can this conclusion be reached.<br>2. The variables mention in this conclusion were not investigated in this study. Conclusions can therefore not be reached on them. | The definition of myopia as used in this study was in line with similar studies on the same subject for ease of comparison. E.g reference 12, Onal et al,<br>The authors wish to clarify that the conclusion does no infer that the variables mentioned were investigated but that they could have inadvertently affected the outcome of our study. These variables are known to affect the distribution of refractive errors. |
| Pls use a consistent referencing technique. | This has been rectified. |

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| Pls state whether the protocol for this study was approved by any ethical review board | Ethical review approval was not sought. Nonetheless, informed verbal and written consents were given by all participants. Students were not under any pressure to participate and no penalty for refusal to participate. |
| Pls could you situate the above paragraph with the generally held knowledge that WTR is the commonest form of astigmatism and that this is fairly stable until later decades of life when there is a transition to ATR apparently due to the effect of the eyelid on the globe? | ATR was the commonest astigmatism in our study. This is in consonance with several studies[27-29] that the prevalence of ATR astigmatism significantly increases with age, and WTR astigmatism significantly decreases with age.Lian-Hong et al[30] reported that age 9 years is the critical period for the transition from WTR to ATR astigmatism.<br><br>The above statement is an excerpt from the original article. It is in agreement with the reviewer's observation. WTR is the commonest, 9 years has been reported as the critical period for change from WTR to ATR. |