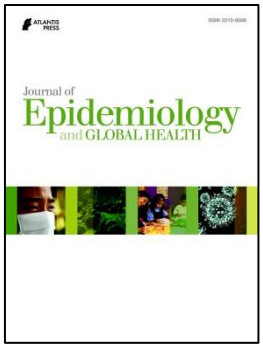

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LETTER TO THE EDITOR

Reply to the commentary of Dr. Josué Lily Vidal
Paper: Prevalence of Lebanese stroke survivors: A comparative pilot study

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We would like to thank Dr. Lily Vidal for his valuable commentary on our paper. We appreciate the time he spent on reading and appraising our paper.

In fact, Dr. Lily Vidal shed light on the selection bias that we encountered in our study and discussed at the end of our paper. The selection bias emerged from our choice to select the study sample from those possessing a landline phone number in Lebanon.

Dr. Lily Vidal is totally right. In fact, and as he said, the population that possesses a landline phone number is probably more aged and of a higher socio-economic level. However, the selection bias has a clear effect on the estimation of the prevalence, as it is mentioned in the paper and by Dr. Lily Vidal as well: it would overestimate stroke prevalence. It is one of the reasons after our decision to submit the results for publication, as the bias effect had a clear direction.

Furthermore, the study was conducted as a pilot survey (as clearly mentioned in the title) and for comparative reasons as well. Its results, although pilot, were valuable on a national level as they showed a large discrimination between Lebanese governorates. They also called our attention on the low Lebanese stroke prevalence in comparison with developed countries (which is probably even lower), a finding that questions stroke management and mortality rates in the country.

Over and above that, our results were adjusted to age and sex of the Lebanese population, which substantially mitigate the noncoverage bias [1].

The ultimate point to discuss is why the authors and I opted to run a telephone survey instead of a face-to-face household survey or a cellphone survey. In Lebanon, as well as other parts of the

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region, access to certain geographical areas (especially in the North and South Lebanon, and the Bekaa) may be physically challenging considering sociopolitical conflicts and the presence of gated communities, and people may have become more hesitant to let in ''strangers" into their homes given security concerns [1]. Moreover, a telephone survey is undoubtedly less expensive and time-consuming than face-to-face surveys, and nonresponse bias is extremely limited as the respondent answers the phone call with zero cost and in an anonymous way (interview/social desirability bias). As for the cellphone survey, we intended to select a sample distributed in a proportional way on all Lebanese governorates, and the list of cellphones does not provide this information and might also result in the selection of younger individuals among whom it may be difficult to find any stroke case.

Finally, the authors and I would like to declare and confirm our full awareness of the noncoverage bias when conceptualizing the study, the bias that we largely discussed at the end of our paper.

It is extremely important to conduct further studies to investigate and develop our knowledge on stroke prevalence, incidence and mortality rates in Lebanon and the region.

Reference

[1] Ziyad M, Ghandour L, Ghandour B, Mokdad AH, Sibai AM. Cell phone and face-to-face interview responses in population-based surveys: how do they compare? Field Methods 2015;27:39—54.