

Subject: [BDS] Editor Decision

Dear Paula Akemi Albuquerque Kominami, Thalita Natalia Nogueira Pinto, Rodrigo Antonio de Medeiros, Soraya Coelho Leal, Eliana Mitsue Takeshita, Carla Massignan:

Your submission Parents' knowledge about childhood bruxism: a systematic review and meta-analysis to Brazilian Dental Science Journal, has been revised and according to reviewers' comments, there are questions to be addressed and/or points to be clarified/corrected.

Please answer the reviewers considerations point-by-point in a separate document and also please make all the corrections in the text highlighted in yellow.

Deadline: 30 days

Thank you for considering Brazilian Dental Science Journal for publishing your research.

We are looking forward the revised version of you manuscript.

Sincerely,

Reviewer A:

Recommendation:

Minor Revision

Comments

Comments to the Author

The introduction is well grounded, supported by a relevant and up-to-date body of literature, including current consensus documents and recent studies. The research problem is clearly presented, allowing the reader to easily understand the rationale and relevance of the review.

The systematic review methodology was appropriately applied and is described in a detailed and transparent way. The guiding research question is clearly defined, and the search strategy and eligibility criteria are well established and coherent with the study objectives.

The results are clearly and well organized, facilitating interpretation. Nevertheless, one point deserves attention. In section 3.2 Study Characteristics (page 19), the authors state:

“Some studies did not report the type of bruxism [15,20–23,26,30,32] that was being investigated, although it could be inferred... that the focus was sleep bruxism [15,20–22,30,32].”

However, in section 3.4 Synthesis of Results - Primary outcomes: Self-declaration of sleep bruxism (page 22), a similar statement is made:

“Another five studies did not specify the type of bruxism, but based on questionnaire data and sleep-related information, it was inferred that they addressed sleep bruxism [15,20–22,30].”

These excerpts present inconsistent information regarding the number of studies and the references included, particularly concerning whether reference 32 should be considered among the studies in which sleep bruxism was inferred. Clarifying this discrepancy is important to ensure accuracy and consistency in the presentation of results.

The discussion is coherent and well-articulated with the findings, going beyond a simple description by raising insightful questions and interpretations. It is well written and appropriately addresses both the limitations and strengths of the study.

In summary, the study offers a significant contribution to the field, supported by a solid methodological foundation and relevant reflections.

Reviewer B:

Recommendation: Major Revision

Comments

Comments to the Author

Dear Authors,

It was my pleasure to review the manuscript entitled “Parents' Knowledge About Childhood Bruxism: A Systematic Review and Meta-Analysis.” The study follows a serious methodology and addresses a research question with clear relevance to both clinical practice and future research.

However, there are several aspects of the manuscript that require improvement before it can be considered for publication. Therefore, my recommendation is “Major Review.”

My comments are listed below:

-The study proposes to assess, as a secondary outcome, “association between childhood bruxism and parental education”; however, the term “parental education” may be ambiguous. I recommend replacing it with “parental educational level” (or “educational attainment”) to more accurately reflect the variable assessed.

-Clarification of the PEOS framework is needed.

In the sentence: “The inclusion criteria were based on the PEOS (participants, exposition, outcomes, and study design) question...”, the structure of the PEOS components is not clearly presented, which makes it difficult to follow.

I recommend rewriting this section to explicitly define each component, for example:

“The inclusion criteria were based on the PEOS (participants, exposition, outcomes, and study design) framework. Where:

- P (participants) corresponds to caregivers
- E (exposure) corresponds to knowledge about childhood bruxism
- O (outcome) corresponds to the proportion of caregivers with adequate knowledge about childhood bruxism (please clarify this definition)
- S (study design) corresponds to cross-sectional studies”

In particular, the outcome (O) should be more clearly defined (i.e., proportion of what, exactly?).

- Given that the search was conducted in January 2025, more than a year ago, I recommend updating the search to ensure that all relevant and recently published studies are included.

-Figure 1 is currently confusing and needs clarification.

The manuscript states that 321 “databases” were searched; however, according to Supplementary Table S1, seven sources were used (Embase, LILACS, PubMed, Scopus, Web of Science, Google Scholar, and ProQuest). Please revise this wording for accuracy. 321 is the number of studies retrieved in the five databases you listed, not the number of databases. In addition, I recommend specifying the number of records retrieved from each source, as the current presentation gives the impression that 642 databases or sources were included.

It is also unclear why Google Scholar and ProQuest are categorized under “other methods” rather than under databases and registries.

Overall, I strongly recommend strictly following the PRISMA guidelines when constructing this figure to improve clarity and transparency.

-Where are the reasons for the exclusion of the 205 studies that were assessed in full text reported? Please specify and clearly present the reasons for exclusion, ideally in the PRISMA flow diagram or in a supplementary table, to ensure transparency.

Table 1 requires clarification.

Some cells are labeled as “Unvalued” for the definition of bruxism; however, it is unclear what “Unvalued” means in this context. Please provide a clear explanation of this term, either in the table or as a footnote, to ensure readers can accurately

interpret the data.

-Although there are no strict guidelines on this, I recommend organizing all the tables by year of publication rather than alphabetical order, as this approach improves clarity and allows readers to better understand the evolution of the evidence over time.

-I recommend adding a column in Table 1 indicating the study setting (i.e., where the data collection took place).

-The label “Figure 3” is missing from the title of Figure 3. The same issue occurs with Figure 6. Please ensure that all figures are correctly labeled and consistently formatted.

-I would consider removing the sentence: “Although a meta-analysis on the prevalence of bruxism was not initially planned.”

-The Discussion section would benefit from revision.

It currently includes 14 paragraphs, which makes it somewhat tiring for the reader. In addition, parts of the section read more like a literature review rather than a focused discussion of the study’s findings.

While the data are clearly presented, I recommend reorganizing the section by outlining the key points, condensing the paragraphs, and more clearly highlighting the novelty of your results.

Specifically, the authors should better articulate:

1. the implications of their findings for clinical practice, and
2. how their results inform future research priorities.
