Dear editor,

We have carefully studied your suggestions and after thorough analysis we came to the following conclusions:

1. Your first suggestion regarding the name of the paper, more specifically regarding the term ”bladder effect”. There are three recommended references regarding the terminology of lower urinary tract disfunctions which have been thoroughly reviewed. It is correct that the term “bladder effect” is not used in standard terminology. However, it should be considered that this is our observation, which we have not seen noted by other authors. The newly proposed term “bladder effect” was derived as a mathematical product of the physical terms of pressure and flow, which resulted in the physical quantity of work over time, or the physical quantity the effect. Given that this effect concerns the bladder, we decided to name this parameter “bladder effect”. However, we accept your suggestion, and the term bladder effect would be quoted in the title, until an official, different term for this parameter is given.
2. We are grateful for your suggestions regarding the grammatical errors in the text, they have been corrected.
3. *The authors of this paper do not suggest diagnosis based solely on the aforementioned parameter*. In the section Materials and methods, there is a detailed explanation how urinary incontinence was diagnosed, along with all the tests, including urodynamics. The diagnosis was set based on these clinical evaluations and the data was pulled from the already complete evaluations, more specifically from voiding cystometry. The authors’ goal was to promote the parameter ”bladder effect” as a potentially useful tool in distinguishing USI from UUI, and in no way promoting it as a sole diagnostic tool.
4. *References 2, 4 and 5 are of historical value* and if you look at the introduction, it contains a partial historical retrospective based on these references. We think that newer references cannot provide a historical retrospective. All other references have been rechecked and they match the places they have been quoted.
5. *The authors did not refer important methods for diagnosis and clinical examination*. The methodology contains correctly stated diagnostic methods. In the section Materials and methods, we provided a detailed description of the processing of UI patients: All of them underwent standard diagnostic procedure during their examination, according to the UI investigation protocol. Each patient went through: an interview, examination of the urine sediment and urine culture, urogynecology exam, USI verifying tests and urodynamic tests which included: urethral pressure profile (UPP), cystometry, flowmetry and voiding cystometry. The given exclusion criteria are standard in the differential diagnostic procedure of urinary incontinence. Nephro/urolythiasis has frequent and urgent voiding needs, which can simulate detrusor instability (or urgent urinary incontinence) to a great extent. It is our opinion that all cases with nephro/urolythiasis should be eliminated from the study. If the last criterion is an obstacle, we will accept its removal.
6. The abbreviations were added at the end of the paper.
7. Ethical approval – all patients signed an informed consent regarding the processing of their data, and the study was approved by the Ethics committee of The Medical Faculty, Skopje.
8. The longitudinal and transverse lines in the tables have been removed as per your request.
9. Statistical methodology – your request has been accepted. We only keep the small sample size P-value.
10. It’s in the conclusion: The results of our study suggested that BE could become a valuable diagnostic parameter to distinguish USI from DI.

Even though the statistical sample is small, the methodology of diagnosing urinary incontinence has been completely conducted. This is why we still believe that ”bladder effect” could be a useful tool used in differentiating urinary incontinence subtypes (once it has been processed/approved by other authors in this field, of course). This note is in Discussion.

We thank you for your suggestions,

Yours truly

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