Author's response to reviews

Title: Comparisons of Home and Daytime Ambulatory Blood Pressure Measurements

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Reviewer: Kei Asayama

Authors have almost fully addressed my concerns except #3.

3) I disagree with your statistical expert, simply because many investigators have provided the statistical tests of differences between men and women based on the cross-sectional manner. No problem if you would have some rationale to discard such a sensitivity analysis, but current statistic approaches can easily support such kind of analysis if the authors have solid hypothesis.

WE HAVE NOW DONE THE ADDITIONAL CALCULATIONS AND FOUND THAT MALES HAD HIGHER MEDIAN HBPMs IN OUR SAMPLE

1) Abstract: Part 2 seems vague. WE HAVE CHANGED THE WORDING

2) In relation to the indication by the Reviewer 2, I worry about some colloquial expression. For instance, “Some characteristics of …” the first sentence of Result is no use; we cannot be able to provide “all” characteristics. THE MANUSCRIPT WAS AGAIN REVISED BY AN EXPERIENCED NATIVE SPEAKER

3) Information on Figures 2 and 3 are overlapped. I do not think Figure 3 is comparably important. WE HAVE PLACED FIGURE 3 INTO THE WEB NOW

1) Abstract: the term “greatest” (in Conclusion) is not suitable, since this involves some judgments by the writer; why not just say “highest”? THE APPROPRIATE TERM WAS CHOSES BY THE NATIVE SPEAKER

1) Methods: validation papers should be provided for the boso-medicus PC and
boso TM-2430 PC. Measurement device of home blood pressure should also be described in detail. ALL DETAILS WILL BE PLACED INTO THE WEB

2) Authors used daytime ambulatory blood pressure data throughout the manuscript. No problem, but please clarify it at the start point of the paper. Investigators on blood pressure might be rather confused.
WE HAVE CHANGED THE TITLE ACCORDINGLY

3) Please provide the rationale why “the mean of the 2nd and 3rd readings of triplicate sets is universally recommended” in Discussion. Recommendation should be based on the prognostic significance of the blood pressure information and, to my best of knowledge, no longitudinal cohort study ignored the 1st readings. Whereas, a threshold can be changed according to the distribution of measurement values. WE DO NOT SAY SO IN THE DISCUSSION