Author's response to reviews

Title: Poor glycemic control in younger women attending Malaysian public primary care clinics: findings from Adults Diabetes Control and Management registry

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Version: 2
Date: 29 November 2013

Author's response to reviews: see over
29 November 2013

To:
The Editor
BMC Family Practice

MS: 2277313841054128
Comparing the clinical profiles and glycemic control of reproductive and non-reproductive age women with type 2 diabetes in primary care setting: Analysis from the Adult Diabetes Control and Management (ADCM)

SUBMISSION OF REVISED MANUSCRIPT
Thank you very much for considering our paper for publication. We have made changes following the reviewer’s comments. The response to the reviewer’s comments point by point is attached.

We are looking forward to hear from you. Thank you.

Yours truly,

Dr Ai Theng Cheong (on behalf of all co-authors)
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Response to reviewers

Title: Comparing the clinical profiles and glycemic control of reproductive and non-reproductive age women with type 2 diabetes in primary care setting: Analysis from the Adult Diabetes Control and Management (ADCM)

<table>
<thead>
<tr>
<th>Reviewers’ comments</th>
<th>Response</th>
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<tbody>
<tr>
<td>Reviewer: Verna Lee</td>
<td></td>
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<tr>
<td>Suggest shorten the Title: Poor glycaemic control in younger women attending Malaysian public primary care clinics: findings from Adults Diabetes Control and Management registry</td>
<td>We have shortened the title as suggested. “Poor glycemic control in younger women attending Malaysian public primary care clinics: findings from Adults Diabetes Control and Management registry”</td>
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<tr>
<td>Abstract: Suggest to shorten the Background; to omit the first 3 lines.</td>
<td>Abstract: We have omitted the first 3 lines in the section of background.</td>
</tr>
<tr>
<td>Introduction:</td>
<td>We have modified accordingly as suggested.</td>
</tr>
<tr>
<td>Minor changes in attached document. Highlighted yellow - to omit; text in blue to add or replace</td>
<td></td>
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<tr>
<td>Materials and Methods:</td>
<td></td>
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<tr>
<td>1. This paper merely extracted data from a registry as explained in &quot;Study design&quot;, hence the first paragraph of &quot;Data collection&quot; was not appropriate; suggest authors to add &quot;refer to previous published paper of ADCM&quot;</td>
<td>We have modified our contents according to suggestion 1 and 2. We have made amendment to the methods section to improve the clarity of the study methodology. (Please refer methods section, page 7, last paragraph to page 10, 1st paragraph).</td>
</tr>
<tr>
<td>2. Suggest to focus &amp; describe on &quot;what data/variable that have been extracted from the registry&quot; and define them.</td>
<td>The definition of reproductive age group was defined in page 8, 2nd paragraph, line 6 to 9. “The reproductive age group of women was defined as women aged 15 to 49 years [23, 24]. However, the registry only recruited adult women 18 years old and above. Thus, we defined women in the reproductive age group as those 18 to 49 years old and for women in the non-reproductive age group as those 50 years old and above.”</td>
</tr>
<tr>
<td>The variable extracted for analysis as well as the definitions were described in page 8, last paragraph to page 10, 1st paragraph.</td>
<td></td>
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</tbody>
</table>
3. For definition of Reproductive, data on status of pre- and post-menopause would be more accurate than just the age. Did you exclude pregnancy? how? Need to add a description of this if the registry actually exclude pregnant women during the data entry level.

We agree that data on status of pre- and post-menopause would be more accurate than just age, however we did not have the information on this either by history documentation or confirmation by blood hormone level. Thus we choose to use the age for definition. We have added this information in page 8, 2nd paragraph, line 4-6.

“Women who were pregnant during the period of registry entry were not registered at the outpatient clinics as they were on follow-up with the antenatal clinics.”

4. ALL Data were from a Diabetes Registry, hence definition for "patients with T2D" was redundant in this paper. Suggest omit.

We have omitted the definition as suggested.

Results:
5. Reason for exclusion? Range of age for the 2 groups is important to determine the variance

2,679 women were excluded from the analysis because they had diabetes less than a year or missing data for the duration of diabetes which did not fulfilled our inclusion criteria. We have removed the first sentence in the results section to avoid the confusion.

The range of age for the 2 groups was added in page 11, first paragraph of results section, line 2-5.

“The mean age for the reproductive age group women was 43.2 (SD 5.6) years (range 18-49 years) and the mean age for the non-reproductive age group women was 62.0 (SD 8.3) years (range 50-104 years).”

6. Table 1 suggest to rename: Demographic and co-morbidity of women in the reproductive and non-reproductive groups. Table 2: Clinical parameters.... Table 3: OHA not used in the table but explained at the bottom?

We have amended the title for table 1 and 2 as suggested by reviewer.

“Table 1: Demographic, complications and co-morbidity of women with T2D in the reproductive age and non-reproductive age group”

“Table 2: Clinical parameters of women with T2D in the reproductive age and non-reproductive age group”

In Table 3, we have used oral anti-diabetic agent (ADA) to replace OHA because this term
None of the total of reproductive women equal to 6632 or non-reproductive equal to 23795 as mentioned in the text, not even the demographic data. I assumed it was due to missing data which should be mentioned at least in the text if not in the tables.

There was a typo error for the total number of non-reproductive age women. It was 6622 instead of 6632, thus non-reproductive age women equal to 23805. We have made the correction in first paragraph of the result section, second line, page 11.

“There were 30,427 women who fulfilled our inclusion criteria and they were included in the analysis, with 21.8% (6,622/30,427) in the reproductive age group.” For table 1 to 3, we have included the total number analysed. (As suggested by the other reviewer).

We also included the statement “No imputation was performed for missing data therefore the denominator used in the analysis varied for each variable.” in the text. (Please refer page 10, last sentence of 1st paragraph at Statistical analysis subheading).

Discussion:

7. page 12; line 2 from discussion to page 13; first 2 lines - should be in "Introduction" (in brackets)

We have made the changes as suggested. (Please refer page 6, 3rd paragraph of introduction section and page 7, 1st paragraph).

8. page 14: first paragraph - Issue of sub-optimum treatment with both OHA and insulins should be included in the discussion.

We have included this in discussion. (Please refer page 13, lines 11-14 of second paragraph.)

“Furthermore, a study has shown that there were delays in treatment intensification with oral anti-diabetic agents and insulin in people with T2D despite suboptimal glycemic control [30]. Hence, more aggressive management such as early initiation of insulin and intensified oral treatment is needed.”

9. Abbreviation use should be consistent, e.g. OHA or AHA

We have used anti-diabetic agent (ADA) to replace both OHA and AHA because this term was used frequently in BMC Family Practice articles.

10. Conclusion: Except for the first sentence,

We have revised according to the suggestion.
the other sentences need to be replaced as those were not the conclusion from this paper, but recommendation. Please revise.

Women of reproductive age with T2D were associated with poorer glycemic control compared to non-reproductive age women. The risk factors associated with poor glycemic control in the reproductive age women were being of Malay and Indian race, longer duration of diabetes, patients on anti-diabetic agents, and those who had not achieved the target total cholesterol and triglycerides.”

11. Statement of ethics approval from the respective body not described.

The statement of ethics approval had been stated in page 8, last sentence of second paragraph. We have also provided the registration number for ethics.

“This study complied with the Declaration of Helsinki and the Medical Research and also obtained approval from the Medical Research Ethics Committee, Ministry of Health, Malaysia (NMRR-08-12-1167).”

Reviewer: Nik Sherina Hanafi

1) While the authors did mention that the details of the project’s methodology have been described in two other publications, some information on methodology would be helpful in this manuscript. This would include the selection methods of clinics. The statistical tests were appropriate.

We have added the details of clinics selection in methods section, page 8, first paragraph, line 2 – 4.

“All the public health clinics and hospitals that managed diabetes were invited to participate in this registry. Participation in ADCM was voluntary for the patients and the health centres.”

2) There were many grammatical errors which need to be corrected. Common ones relate to mixing past and present tenses, combining both American and British English spellings, improper usage of ‘was’ and ‘were’. The authors need to pay attention to sentence structure as well.

The paper has been sent for language editing.

3) Since the missing values were not included in the statistical analysis, it would be helpful to include the number of responses analysed for each variable (ie in the respective Tables).

We have provided the denominator for each variable in table 1, 2 and 3.

Discretionary Revisions

1) Introduction is appropriate, touching on relevant issues. It would be beneficial to add

We have added the information as suggested by the reviewer in introduction section, page 6,
brief information on the Malaysian population profile

second paragraph, line 1 to 4.

“Malaysia is a country with multi-ethnic population. It consists of 28.3 million population with 67.4%, Bumiputera (Malays and indigenous); 24.6% Chinese; 7.3%, Indians and 0.7%, others [6]. In West Malaysia, the Malays are the predominant ethnic group which constituted 63.1% of the population. Women represent 48.4% of the population [6].”