Author's response to reviews

Title: Suboptimal blood pressure control in chronic kidney disease stage 3: baseline data from a cohort study in primary care

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Dear Dr Payne,

Ref: MS: 7264111299318339

Research article: Suboptimal blood pressure control in chronic kidney disease stage 3: baseline data from a cohort study in primary care Simon DS Fraser, Paul J Roderick, Natasha J McIntyre, Scott Harris, Christopher W McIntyre, Richard J Fluck and Maarten W Taal BMC Family Practice (Section: Clinical presentation, diagnosis, and management)
Thank you very much for sending Dr Tomlinson’s further comments on our paper. We have addressed the minor issues identified (see below) and have now uploaded the slightly amended version of the manuscript.

Thank you for your continued consideration of this paper for publication in BMC Family Practice.

Best wishes

Dr Simon Fraser
On behalf of the authors

Reviewer: Laurie Tomlinson

Reviewer’s comment:
I appreciate the efforts the authors have gone to to respond to my comments and have little else to add. There are a number of typos in the abstract and I think there is a mistake in lines 2-3 of the discussion. As well as the typo (strictower) the sentence is not clear...is it just 64% not achieving the **more** strict KDOQI target?

Authors response:
Thank you for spotting these issues. We have made minor adjustments to the abstract to correct for typos, and have amended the mistake in the discussion. You are correct, it was meant to read ‘64% not achieving the more strict KDOQI target’

Reviewer’s comment:
The paper summarises the gap in the CKD/BP evidence base beautifully. The authors have shown that arterial stiffness (through causing ISH) is cross-sectionally associated with eGFR. There is no evidence that aggressively treating systolic BP in these older people with ISH will slow decline of eGFR. I hope that the result of this paper will not be to berate GPs to meet possibly inappropriate targets, but I have to accept that this is just my view!

Authors response:
Thank you for conducting a thorough review. I agree with the need to avoid any implied criticism of GPs and we hope that this paper contributes to the important debate about the appropriate management of BP targets in CKD.