Author's response to reviews

Title: Prevalence of Complications Among Chinese Diabetic Patients in Urban Primary Care Clinics: a cross-sectional cohort study

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Author's response to reviews: see over
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Dr. Rupert Payne
Associate Editor
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Dear Dr. Payne,

Prevalence of Complications Among Chinese Diabetic Patients in Urban Primary Care Clinics: a cross-sectional cohort study
MS ID : 1734485660978311

Thank you very much for your review and your comments are very useful in improving the script.

We have tried to address them as below in red.

General comments:

The discussion would benefit from more elaboration on potential reasons for the findings.

For example, why were nephropathy rates so high, and yet neuropathy rates somewhat lower?

In this cohort of primary care diabetic patients, we do find the control of BP being suboptimal and thus that may in part account for the high nephropathy rates.

[Page 9 - Blood pressure control (below 130/80 mmHg) was achieved in 22.9% and 35.9% of patients with and without a prior diagnosis of hypertension respectively (p<0.001) and also added in Page 11.]
We do not have a good reason to account for the low neuropathy rates. We have added in Page 12:
[ ...However, the detection of neuropathy depends on the use of monofilaments and graduated tuning fork, both of which is user dependent and subject to patient interpretation. We could have missed patients with small-fibre damage. Although we cannot exclude the possibility of underestimating diabetic neuropathy in our program, another cohort of type 2 diabetes patients from seven Asian countries also reported a low prevalence of diabetic neuropathy in Hong Kong (1.9% as compared to the overall prevalence of 15% in seven countries) (18).]

What is the reason for the prescribing patterns observed?
We have added in Page 11:
[ ...With reference to a previous population study on hypertension-alone patients (7), the pattern of antihypertensive drug usage among our diabetic population is different, with a greater proportion prescribed with an ACEI or ARB. This is likely to be related to coexisting need for renal protection among susceptible patients.]

Are findings in Hong Kong generalizable to other parts of China, either urban or rural?
Mainland China has a different healthcare system and thus this probably cannot be generalised to the rest of China

As mentioned by one of the reviewers, the limitations section should also be moved to within the main body of the discussion (it is not a conclusion)
Page 13: This is now put in the main body

It appears that the authors have also removed at least two of the tables, so the numbering is now inaccurate and requires correction in several places in the manuscript.
These have been dealt with in the paper

Specific comments:

Abstract (and end of methods):
The section reporting percentages of individuals with one, two and three complications is a little confusing. Perhaps worth rephrasing as "single isolated, pair or three concurrent complications" might help. Otherwise, the reader is left wondering how 38.8% have nephropathy but only 37.9% have one
microvascular complication. These have been revised accordingly.

Methods:
What does this mean - "with subsequent data drawn in a blinded fashion." These have been revised accordingly.

Results:

Figure 1 - this really seems fairly redundant, particularly given the minimal skew in the data. I'd suggest simply reporting mean/SD in the text as has been currently done and omitting the figure. Median with the first/third quartiles could also be included (will give some indication of deviation from normality without need for the graph). These have been revised accordingly.

"Irrespective of their hypertension diagnostic status..." - actually, it would be interesting to know whether BP was better/worse controlled in those with a diagnosis of hypertension - can this be broken down by diagnostic status? These have been revised accordingly.

We have amended all the other minor typos identified.

We hope these will address all the queries of the Editors and the reviewers and look forward to your favourable reply.

We have attached the ones revised in tracked changes and the clean version one too.

Kind regards,

Philip Li