Author's response to reviews

Title: The added value of C-reactive protein to clinical signs and symptoms in patients with obstructive airway disease: results of a diagnostic study in primary care

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Author's response to reviews:

Antonius Schneider, MD 14.04.2006
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Dear Professor Sin,

We are grateful to your keen interest in our work and your very helpful and critical comments. In particular we want to thank for attending us on the potentially important relation between the severity of dyspnea, smoking and CRP. We took notice of this and changed the manuscript into a more clinically oriented one, which you will find enclosed. More in detail, we revised the following points (all changes are easy to trace in the manuscript, because printed in bold):

Major compulsory revisions:
Indeed the clinical impact of our findings is more obvious if the relationship between CRP and clinical signs and symptoms of airway obstruction is described. We changed the manuscript accordingly and dropped the detailed analysis of the spirometric parameters

Changes in abstract:
1. We defined OAD.
2. The results changed considerably, following the more clinical approach.

Methods:
1. and 2. As you suggested, we dropped the detailed analysis of the spirometric parameters, but we kept the relation between severity of dyspnea, FEV1 and FIV1. We dropped the ROC-analysis and restricted to correlation analyses in the new tables 3 and 4.
3. We combined the CRP data with the clinical signs and symptoms and found that the diagnostic accuracies of the combinations were considerably improved. However, because of the limited sample size, the confidence intervals were wide.
4. CRP values were analyzed for their best cut-off point after log-transformation (see the Method section)

Discussion:
As we dropped the detailed "physiological" analyses and focused on clinical aspects, we changed the tables and statistics. We investigated the association between severity of dyspnea and CRP (as a log-transformed continuous variable) using Spearman's correlation coefficient. We shortened table 3 (now re-named as table 2) and deleted table 4. We tried to improve the language and we hope that our revision will meet with your approval.

With kind regards,

A. Schneider