Author's response to reviews

Title: Use of aspirin for primary and secondary prevention of cardiovascular disease in diabetic patients in an ambulatory care setting in Spain

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Author's response to reviews: see over
Version: 3. Date: 1 August 2007. Reviewer: Jun Ma

Reviewer’s report: The article has been substantially improved. Nevertheless, this review still has some remaining concerns.

Minor Essential Revisions

Commentary 1: Pages 3 and 7, the American Diabetes Association recommends aspirin use in diabetics over 40, not 30, years of age for primary prevention. Please correct.
- The reviewer is right. It was modified in the text (page 3 and 7).

Commentary 2: Page 4, on what basis was the cut point of 29 chosen for BMI?. Page 4, on what basis was the cut point of 6.5% chosen for A1c? Some evidence suggests that an A1c goal of 6.5%, as opposed to 7.0%, increases the risk of hypoglycemia. Page 5, on what basis was the cut point of 200 mg/dL chosen for total cholesterol?.
- The reviewer is right. We followed modified criterion of the ADA, to adapt them to a real clinical practice conditions. It was modified in the text (page 4):
"Some of the established recommendations [3,21] for blood pressure (SBP/DBP <130/80 mmHg), and LDL-C (<100 mg/dL), see Table 1. Besides, we followed modified criterion to adapt them to a real clinical practice conditions: glycated hemoglobin (<6.5%), total cholesterol (<200 mg/dL) and body mass index (BMI<29, kg/m^2), they were considered as adequate follow-up or target objectives”.

Commentary 3: Page 5, why was achievement of blood pressure goals not included in the logistic regression model?
- Sorry, it was included in the logistic regression model. It was modified in the text:
"... and achievement of the therapeutic control objectives (dichotomic variables): blood pressure (<130/80 mmHg), total cholesterol (<200 mg/dL), LDL-C (<100 mg/dL) and HbA1c (<6.5%)”.

Commentary 4: Page 8, please acknowledge that the study sample may not be representative of the general primary care population in Spain, unless the authors can provide evidence that it is.
- This comment was included in the limitations of the study (page 8).

Commentary 5: Page 8, please remove the sentence "While the above limitations are true, it should be stated that retrospective designs are perfectly valid in biomedical research, and sometimes the only feasible studies." This is too superficial a statement on a profound methodological matter.
- We deleted the commentary of the text (page 8)

Discretionary Revisions (which the author can choose to ignore) What next?: Accept after minor essential revisions Level of interest: An article of importance in its field Quality of written English: Needs some language corrections before being published Statistical review: Yes, and I have assessed the statistics in my report.