Author's response to reviews

Title: Epidemiology and Risk Factors of Chronic Kidney Disease in India - Results from the SEEK (Screening and Early Evaluation of Kidney Disease) Study

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Author's response to reviews: see over
Dear Editor,

We thank you very much for considering our manuscript and we also thank the reviewer for the important comments. Please see below our point-by-point response to their comments.

**Editorial Comments**

Please can you remove both Additional files 1 and 2 as they are not required.

Done

Please can you cite the questionnaire within the text as 'Additional File 1'. Thank you.

Done (page 6)

It is important that a cover letter giving a point-by-point response detailing how you responded to each concern, and where you can find the amendment in your revised manuscript (e.g. line and/or page numbers) accompanies your submission.

This is it.

Please also ensure that your revised manuscript conforms to the journal style. It is important that your files are correctly formatted.

Done

**Reviewer's report**

**Claudine T Jurkovitz**

1) Major compulsory revisions
1.1 As discussed previously, because the prevalence of risk factors such as hypertension is higher in SEEK than in the general population, SEEK is not a representative sample of the Indian population. Therefore SEEK does not assess the prevalence of CKD in India. The first sentence of the discussion should be revised accordingly.

In page 14, the statement has been revised to be “…that the prevalence of CKD in the SEEK-India cohort is 17.2%”

The authors recognize in their answers that the prevalence of hypertension in SEEK is higher than in the general population. What about diabetes? In any case, this information should be provided in the discussion and the prevalences compared.

In page 16, the statement has been revised to be “Increased prevalence of CKD could be partly explained by the high prevalence of risk factors like diabetes and hypertension in the screened population (18.8% and 431.1%, respectively). The prevalence of diabetes
“and hypertension in India varied widely in many studies and ranged from 6-20% and 13-58%, respectively”

1.2. The prevalence of CKD in NHANES, reported in reference 20 (JAMMA, 2007; 298: 2038-2047) is 13.1% therefore lower than the 17.2% reported in SEEK. The statement regarding this study (Discussion page 15) should be changed. Conversely, among NHANES participants with self-reported hypertension, self-reported diabetes, or family history of hypertension, stroke, or diabetes, the prevalence of CKD was 17.6% (Ref: 21; Am J Kidney Dis. 2008;51: S3-12)

Done. Thank you.

1.3. The authors acknowledge that the Bayer’s Multistix 10 detects urine protein however the measurement of albuminuria is still mentioned in the methods, the results and the tables. Albuminuria should be changed to Proteinuria wherever appropriate in this manuscript.

The manuscript has been revised and replaced the inaccurate term.

2) Minor essential revisions
2.1. Page 10- Statistical analysis: Please replace the sentence “We performed spearman correlation analysis to study the relationship between the presence of CKD and multiple covariates by “We performed spearman correlation analyses to study the relationship between GFR and other variables. Covariates refer to variables in multiple regression models.

Done

2.2. A convenience cohort is not more “real world” than a random sample of the population. This expression is misused here (page 15)

In page 15, the statement has been revised to be “In a convenience cohort non-random selection of patients may lead to biases that result in screening of “high risk” individuals thereby inflating the prevalence estimates”

2.3. The result described in the discussion on page 16: “In our cohort, 10.9% complained of burning urine suggestive of a recent urinary tract infection” has not been reported in the results section. Results should not be introduced in the discussion.

The statement has been deleted.

2.4. Table 3. The unit for hemoglobin is not mg/dL but g/dL. Several of the biological characteristics in table 3 do not have any units.

Thank you. The units have been revised and added wherever missing.