Reviewer's report

Title: Age dependent parathormone level and different CKD-MBD treatment practice of dialysed patients in Hungary - results from nationwide clinical audit

Version: 1 Date: 15 February 2013

Reviewer: WAJEH QUNIBI

Reviewer's report:

Reviewer’s Comments:
This is apparently the first survey in Hungary in which all dialyzed patients were enrolled. The primary aim of the study was to demonstrate age-related difference in CKD-MBD characteristics and treatment practice in Hungarian dialysis patients. Data was collected retrospectively from 5008 patients who were then stratified into 3 different age groups. The authors report that achievements of target ranges and also the clinical practice were dependent on patients’ age, with the highest percentage of achieved laboratory targets in group II (age= 65-80 years) while the frequency of all prescribed drugs decreased with increasing age.

Major Compulsory Revisions

Abstract:
1. The abstract narrative does not discuss specific results on which the conclusions were made. i.e. It is not clear if the percentage of achieved laboratory targets was significantly (need P-value) higher in group II than other age groups and that achievements of target ranges and the clinical practice were dependent on patients’ age.

Introduction:
1. Not focused. I would delete the reference to the CasR and VDR as well as to whether clinical practice guidelines are definitive or not.

Patients and Methods:
1. Data were collected from the database of each dialysis unit. It would be helpful to mention whether the database is electronic or paper medical records. I suggest removing a repetitive reference to the fact that “Data was collected from the database of each dialysis unit”.
2. The statistical methods used were appropriate but did not utilize multivariable logistic regression analysis. Authors should state the reasons for using the geometric means.
3. It would have been cleaner to just focus on hemodialysis patients
4. Since the vast majority of the patients were in group I. (n=2413) and group II (n=2116), they should consider dividing their patients into 2 groups only. < 65 and 65 or older.
5. How bone disease and calcification were documented is not stated in the
Results:
1. Manuscript adheres to the standards for reporting
2. The results are mentioned in a diffuse manor. I suggest that the authors divide the results sections into patient demographics, parameters of CKD-MBD and treatment given.

Discussion:
1. Hypercalcemia was seen in 18% of their patients yet they explain what they perceived as “low” incidence to the high frequency use of non-calcium binders, calcimimetics and low calcium dialysate. Unfortunately, they did not elaborate on these issues. For example, it is important to know what the concentration of calcium in the dialysate was.
2. In their discussion, they should make distinction between nutritional vitamin D supplement versus use of active vitamin D analogues.
3. Vitamin D and calcimimetic agent were used in 60 % and 20% of their patients with PTH level> 540 pg/ml respectively. They stated that more calcimimetics should be used without stating the reasons.

Minor Essential Revision
The language is a serious impediment to understanding the study and therefore the manuscript should be extensively edited.

Discretionary Revisions
1. There is no reason to list the causes of kidney disease in the abstract.
2. Please remove from the discussion section comments about the cause of ESRD which is not relevant to the aims of the study except for the association of diabetes with lower PTH level and calcification.

Level of interest: An article of limited interest

Quality of written English: Not suitable for publication unless extensively edited

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:
I declare that I have no competing interests' below