Author's response to reviews

Title: A multidisciplinary program for achieving lipid goals in chronic hemodialysis patients

Authors:

Rebecca A Viola (rebecca.viola@na.amedd.army.mil)
Kevin Abbott (kevin.abbott@na.amedd.army.mil)
Paul Welch (paul.welch@na.amedd.army.mil)
Robichaud McMillan (robichaud.mcmillan@na.amedd.army.mil)
Aatif Sheikh (aatif.sheikh@na.amedd.army.mil)
Christina Yuan (christina.yuan@na.amedd.army.mil)

Version: 2 Date: 6 Nov 2002

PDF covering letter
Rebecca Viola, PharmD

Re: Dr. David Saltissi’s recommendations

• The reason for lipid lowering in patients achieving target LDL cholesterol after 6 months was due to a multidisciplinary approach as described throughout the paper, with the following addition to paragraph 2 of the Discussion section. “...simvastatin in higher doses and atorvastatin were used and well tolerated, with dose changes made in a timely fashion, undoubtedly contributing to program effectiveness.”

• The following sentence pertaining to HDL measurement was added to the Documentation and Data Collection subsection under Methods: “HDL data was not analyzed or included as part of the guideline.”

• CPK was not measured at baseline for cost-benefit reasons but was ordered when necessary according to the guideline. The following sentence was added to paragraph 2 of the discussion section: “Although CPK levels were not measured at baseline, in patients with musculoskeletal symptoms, this value found to be normal.”

• In response to the reason for 3 patients not reaching target lipid level after 6 months, a comment was added at the end of paragraph 2 of the Discussion section. “Of note, the 3 patients who did not reach LDL cholesterol goal were not those who experienced side effects requiring discontinuation of therapy. LDL levels in these patients were near goal and ranged from 102-105 mg/dl.”

• A line graph (Figure 1) was added depicting individual patients’ change in LDL.

Re: Prof Christoph Wanner’s recommendations

• Nomenclature for “low density lipoprotein” was changed to “LDL cholesterol” throughout the paper, as recommended.

• Reference 3 was further clarified as a registry study in paragraph 1 of the Background section with the addition of the following phrase: “...have been associated with decreased all-cause mortality in dialysis patients in a registry-based study.”

• We preferred not to omit reference 8 in order to correspond with the comment regarding cancer related mortality in paragraph 2 of the Background section.
• In paragraph 5 of the Results section, the sentence identifying pioglitazone as a potential drug interaction was omitted.

• Percent compliance as measured by refill frequency was not documented, as described in paragraph 4 of the Discussion section. The phrase “…nor document refill frequency” was added.

• Addressing the issue of why nephrologists may not give lipid lowering a high priority, the following sentence and reference 28 was added to paragraph 6 of the Discussion section: “Admittedly, lipid lowering and its benefits are less well-defined in renal failure explaining why nephrologists may not be as aggressive in statin prescribing.”

• Nomenclature for “lipid panel” was changed to “lipid profile” throughout the paper, as recommended.

• The following sentence was added to the Laboratory monitoring subsection under Methods: “The lipid profile included total cholesterol (TC), LDL cholesterol, triglycerides, and high density lipoprotein (HDL) cholesterol.”

• Pagination numbers were included.

Additional changes

• The following sentence was added to paragraph 6 of the Results section in order to clarify the number of patients initiated and discontinued on statin therapy during the 6 month period studied and also to reconcile with Table 3 (drug discontinued due to ADR): “Two patients were initiated on statins during the period studied, one of which was discontinued at 6 months due to increased LAEs.”

• The phrase “…even in known coronary heart disease” Was added to paragraph 2 of the Background section, along with Reference 13.

Thank you for your recommendations for improvement and your interest in publication of the attached manuscript. I look forward to hearing from you.

Rebecca A. Viola, PharmD
Clinical Pharmacist, Nephrology/Organ Transplant
Department of Pharmacy
Walter Reed Army Medical Center
Building 2, Room 2PO2
Washington, D.C., 20307-5001
Phone: 202-782-9324; Fax: 202-782-0185
E-mail: rebecca.viola@na.amedd.army.mil