Author's response to reviews

Title: Strategies to Reduce Clinical Inertia in Hypertensive Kidney Transplant Recipients

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We would like to thank the editors and reviewers for taking the time and effort to review this paper. We hope our responses and alterations to the paper are acceptable. Below is our point by point response, with noted changes in the paper.

1. Physicians, nurses and all other individuals were consistently absent from the room. This is now noted in the paper. Page 4 1st paragraph 'alone' added
2. Reference for 'resistant hypertension' included in the paper. Added to page 4 paragraph 3.
3. Our hypertension expert advised 2 minutes between BP measurements. 1-2 minute intervals were performed by Beckett and Goodwin (reference 11) and 1 minute by Campbell et al (ref 9). The Mattu et al paper (ref 10) did not state the interval. In the study from the Mayo clinic by Graves et al J Human Hypertension 2003, 3 minute intervals were used.
4. Yes there were 21 patients in the control group who were included in the BpTRU arm. We re-did the analysis, including the logistic regression and found no differences. The original and re-analysis the findings were similar.

Original Repeat (21 subjects deleted from BpTRU arm)
BP systolic 1.079 p<0.001 1.083 p<0.001
BpTRU 2.118 p=0.013 2.077 p=0.016
AHM total 1.417 p=0.011 1.407 p=0.01
5. Once introduced, the device was used only when a patient's blood pressure was elevated. No other devices were used.
6. How many patients were on blood pressure medications for other reasons in our clinic would be difficult to determine and is likely to be small. Since only hypertensive patients are included in this study, I do not know if this is relevant to this paper.
7. Immunosuppressive changes were generally made because of levels were above targets in the case of CNI. Since these may have an impact of BP, we
considered that physicians might argue that reducing these might also benefit the blood pressure and obviate the need for adding or increasing AHMs. For the steroid dose this was generally based on patient request since only patients on baseline prednisone doses of 5 mg/d were included. Eliminating immunosuppression drug changes does not change the above analysis.

1. know changed to known on page 3 paragraph 2.
2. ESRD cause and duration post transplant included. Added to Table 1
1. Variables included in the logistic regression were shown in a footnote to Table 2. Weight was not included.
2. Error measures were extremely rare and not documented.
3. HR was not collected

Our IRB allowed us to collect and analyze the data. A statement was included in the paper. Page 4 paragraph 2.