Author's response to reviews

Title: Socio-economic differences in life expectancy among persons with diabetes mellitus or myocardial infarction: results from the German MONICA/KORA study

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The Editor
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Dear Editor,

Please find attached our revised manuscript

"Socio-economic differences in life expectancy among persons with diabetes mellitus or myocardial infarction: results from the German MONICA/KORA study" (MS: 2092930773289972) which we have edited according to the comments made by the reviewers.

Yours sincerely,
Laura Perna

Reviewer: Jacques van Eijk

The authors changed their article in the desired direction. I only think they should adjust for diabetes when analysing LE for patients with infarction and the other way around if they analyse LE for patients with infarction. This should clearly be described in the analysis section.

We thank the reviewer for this comment, which we have fully addressed in the revised version of our study. We display adjusted LE estimates in two additional tables (tab. 5 and tab. 6), and we edited the manuscript as follows:
In the analysis section, we revised the end of the 4th para. starting at line 9 as follows:

We apply this method in estimating LE for people with diabetes (unadjusted for myocardial infarction) and in estimating LE for people with myocardial infarction (unadjusted for diabetes). We also carry out a separate analysis where we estimate the LE of people with diabetes by adjusting for myocardial infarction, and vice versa. This is done by considering diabetes and myocardial infarction as additional variables of influence in maximum likelihood estimates with LIFEREG. We always consider ‘sex’ as one variable of influence in order to avoid that the strong difference between men and women distorts our estimates.

In the results section, after the 5th para., we inserted the following passage:

The socio-economic gap in the estimated LE remains stable both for men and women with diabetes or myocardial infarction if the impact of the other disease (i.e. myocardial infarction for people with diabetes, and vice versa) is controlled for in the logistic regression model.

>> Please about here: Tables 5 and 6 <<

In the discussion section, we started the 4th para. with the following passage:

Our results also show that if German men and women with lower income have diabetes or myocardial infarction then their LE is reduced more by the disease than the LE of richer men. Adjustment for diabetes and myocardial infarction for people with myocardial infarction and diabetes, respectively, yields only very limited changes of the LE estimates. This means that the influence of the interaction of these diseases on the reduction of LE is negligible, and that the reduction in LE lies mostly in the social differences in our regression model.

Quality of written English: Needs some language corrections before being Published

Our paper was kindly edited by a colleague of us who is an English native speaker.

Reviewer: Richard Peter

Many thanks for having re-reviewed our manuscript and thanks again for your previous comments.