Author's response to reviews

Title: The Peripheral Arterial Disease Study (PERART/ARTPER): Prevalence and risk factors in the general population

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Author's response to reviews: see over
Dear Sir/Madame;

Please find attached the revised manuscript (4624169672979167) entitled “The Peripheral Arterial Disease Study (PERART/ARTPER): Prevalence and risk factors in the general population”.

The text has been reviewed by a native English speaker with expertise in correcting scientific papers.

Below please find the point by point answers to the referees’ suggestions and comments.

Referee 1
Reviewer’s: Nelson WOLOSKER

Minor Essential Revisions

1. The only doubt I have is about the affirmation that Spain is a country of low risk of atherosclerosis. Although there are some cited references related to this affirmation in the text, I think it is important to discuss this subject in introduction and in discussion.

Now we have added: In the Introduction (page 3, line 22): “The prevalence of PAD in countries with low cardiovascular risk is uncertain.”

In the discussion (page 7, line 25): “The low prevalence of PAD in countries with low cardiovascular risk [25] but high prevalence of cardiovascular risk factors (French paradox) could be explained by protective factors in Mediterranean countries, such as dietetic factors.”

Referee 2
Reviewer: Roberto Miccoli

Background

I suggest to modify the sentence as follows.
1. Line 10.
   It is therefore ..., will help to better identify subjects at high risk of developing PAD in order to implement preventive measures.
   Done.
PAD is a common manifestation of atherosclerosis and is characterized by increasing incidence of morbid-mortality.

3. Line 23.
The ABI index is the most effective tool used to screen for peripheral arterial disease.

Methods

1- Please, report methods of evaluation of intermittent claudication.

Intermittent claudication was evaluated by the Edinburg questionnaire: do you feel pain or discomfort in the legs when walking?; no pain when standing still or sitting?; pain when walking, uphill or in a hurry?; do you feel pain moderate or severe when walking at an ordinary pace at ground level?; does pain go away when standing still?; does the pain disappear in 10 minutes or less when standing still?; where do you get pain or discomfort (presenting the leg diagram to the patient)?. Defined claudication: answer "yes" to all the questions, and answer “no” to the second question and mark calf area in the leg diagram. Atypical claudication: answer "yes" to the questions, and answer “no” the second question and not mark calf area in the leg diagram.

2- It is generally accepted the cutoff value of the ABI >1.3 at which the to define arterial Monckeberg's sclerosis. Please explain your cutoff of 1.4.

There are some references that have used the cutoff value of ABI >1.4 to define arterial Monckeberg’s sclerosis:

Ankle Brachial Index Combined With Framingham Risk Score to Predict Cardiovascular Events and Mortality. A Meta-analysis. JAMA. 2008;300(2):197-208


Results an discussion

1- The authors should discuss the high prevalence of subjects with Monckeberg's sclerosis: the result here reported is higher than previously observed in high risk populations, such as diabetic patients.

Yes, we have reported a high prevalence of subjects with Monckeberg's sclerosis: 6.2%(5.5-7.0) of the patients (men: 8.5 %, women: 4.2 %). Others studies as The Strong Heart Study (general population) have reported prevalences of high-AAI(>1.4): 9.2 %. Andrade et al reported a prevalence of subjects with Monckeberg's sclerosis in diabetic subjects of 22% (AAI>1.3).


2- Is the reported prevalence of 10% for intermittent claudication referred to the whole population?

Yes, of course. The reported prevalence of 10% for intermittent claudication is referred to the whole population. Table 1. Sample characteristics by peripheral arterial disease (PAD).

3- Male gender (OR 1.62)....is NOT a protetective factor for PAD.

Of course, it's a MISTAKE. We have changed:" Male gender (OR 1.62)” as a protective risk factor in page 6 line 21. We have added:" Male gender (OR 1.62) in page 7, line 1.

4- It should be interesting to evaluate if metabolic syndrome per sè is a risk factor for PAD independenty of other variables. We have included the following sentence in page 7, line 11. Nevertheless we observed a significant association ( table 2) between metabolic syndrom and PAD[OR: 1.79 IC 95%(1.36-2.36)].

5- Line 10, pag. 8 arterial calcification... to be associated with a greater risk of wath?

Arterial calcification …to be associated with a greater risk of morbi-mortality[32] but not as important as the AAI<0,9.

6- Please discuss Risk tables results and PAD.
We have added this sentence in the page 9, line 13.

The addition of AAI in prediction tables of cardiovascular risk it can improve the sensitivity and positive predictive value, specially in patients with intermediate or low cardiovascular risk.

We hope the manuscript is now acceptable for publication.

Yours sincerely,

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