Author's response to reviews

Title: Diabetes mellitus type 2 in urban Ghana: characteristics and associated factors

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Version: 3 Date: 10 January 2012

Author's response to reviews: see over
Dear Prof. Lotufo

Thank you for your e-mail dated Dec 20, 2011 inviting a revision of the above named manuscript. We submit a revision taking account of the reviewer’s helpful comments (see below). All changes to the manuscript are highlighted in blue “ink”

All authors have seen and approved the content and have contributed significantly to the work. No conflicts of interest are present and there is no overlap between this manuscript and previous papers or manuscripts under review.

Again, thank you for your consideration.

Yours Sincerely,

Prof. Dr. med. Frank P. Mockenhaupt

Encl.: response to reviewer’s comments
Response to reviewer’s comments to revision
Reviewer: Isabela Bensenor

#1) I cannot agree with the response of the authors about the design of the study. The inclusion of cases and controls do not imply that this is a real case-control study. A case control study can evaluate causal associations of risk factors and diseases. The present paper do not evaluate causal relationships but only bring information about diabetes and associated factors in a cross-sectional way. I am afraid I cannot accept the response of the authors.
Response: Done as requested. We have removed the term “case-control” from the manuscript. In the methods section, we now state “The study aimed at examining factors associated with DM2 and hypertension among hospital attendants with DM2 and/or hypertension and controls.”

#2) It is a manuscript about diabetes. So, I do not think that makes sense to divide the analysis in diabetes with hypertension, without hypertension and only hypertensive people. Maybe, you can present data about diabetes according to the presence or not of hypertension, but I do not think that you can include a column only with hypertensive patients. Again, I disagree about this point.
Response: Done as requested. We have removed the data related to the group of patients with hypertension only from Tables 1 and 2, to keep the focus on diabetes. Nevertheless, as stated the objectives include the description of hypertensive patients and associated factors, and we have therefore compiled these results in a new Supplementary Table 2.

#3) I think that table 1 should present the age-adjusted data and not crude data. Crude data could be presented in a supplementary table. So, I think it is better to change the table 1 and the supplementary table 1 as they are in the present version of the paper.
Response: We prefer to keep the arrangement of Table 1 and Supplementary Table 1 as it is, for several reasons: The description of the study participants’ characteristics, i.e. raw data, is one specific aim of this study. Presenting the descriptive, raw data within the main body of the paper is thus coherent. In particular, this table is essential to keep the textual description of the study population in the results section to a minimum. Moreover, it is our conviction that in the sequence of presenting (any) results, processed (i.e., age-adjusted and gender-stratified) data should follow only after having displayed the respective raw data. In this context, raw data are presented in Tab. 1, and the stratified and adjusted ones after that in the supplementary table.

#4) Conclusions have to be focused on the objectives of the study and cannot be generic.
Response: Done as requested. We have re-phrased this section:
“In this study from urban Ghana, DM2 was predominately observed among individuals of rather low socio-economic status contrasting with the still prevalent perception of DM2 as a disease of affluence. High rates of hypertension and albuminuria among the largely pre-diagnosed DM2 patients point to the necessity of improved management. The associations of DM2 with factors related to low socio-economic status and/or psycho-social stress indicate a specific pattern of DM2 risks in this population. For immediate impact, improved management of complications, access to early diagnosis and treatment, and health worker training appear to be vital. For primary prevention of DM2 in this population, the verification of associated factors by longitudinal studies is warranted.”