Author's response to reviews

Title: Ethnic disparities in the clustering of risk factors for cardiovascular disease among the Kazakh, Uygur, Mongolian and Han populations of Xinjiang: a cross-sectional study

Authors:

Nanfang Li (inanfang@yahoo.com.cn)
Hongmei Wang (whmdoctor@163.com)
Zhitao Yan (greenbloodsword@yahoo.com.cn)
Xiaoguang Yao (yaoxiaoguang12345777@sina.com)
Jing Hong (hongjing29@yahoo.com.cn)
Ling Zhou (Zhouling1001@163.com)

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Author's response to reviews: see over
Point-by-point responses

Quality of written English: This manuscript has been edited by a very experienced medical editor employed by International Science Editing (http://www.internationalscienceediting.com/).

Reviewer's report:
Minor Essential Revisions
A1. Thank you very much. We have checked and revised all references according to your suggestion.

Reviewer's report:
Minor Essential Revisions:
Q1. Title
- It should be: ...disparities in cardiovascular...
A1. Thank you very much. We have revised it according to your suggestion.

Q2. Background
- Add the meaning of CVD
A2. Thank you. We have revised it according to your suggestion.

Q3. Methods
Data collection
- Add the meaning of DM
A3. Thank you. We have revised it according to your suggestion.

Q4. Laboratory Measurements
- How many measurements were carried out for the definition of diabetes? According to The National National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) the diagnosis of diabetes should be based on two fasting plasma glucose levels of 126 mg per dL (7.0 mmol per L) or higher. A level of 126 mg/dL or above should be confirmed by repeating the test on another day. Has this been done in your study?
A4. The criteria for the diagnosis of diabetes in the clinical setting were: fasting plasma glucose (FPG) $\geq 126$ mg/dL (7.0 mmol/L) or 2-h plasma glucose $\geq 200$ mg/dL (11.1 mmol/L) during an oral glucose tolerance test (OGTT); in a patient with the classic symptoms of hyperglycemia or hyperglycemic crisis a random plasma glucose $\geq 200$ mg/dL (11.1 mmol/L); in the absence of unequivocal hyperglycemia, results were confirmed by repeat testing.
However, the aim of our research was to investigate the prevalence of cardiovascular risk factors (including diabetes) in a large sample of a general population by epidemiological surveys. During the epidemiological surveys, it is impracticable to repeat FBG testing or carry out the OGTT in so many subjects. After consulting the relevant literature, we found that FBG $\geq 7.0$ mmol/L and/or self-reported current treatment of diabetes could be used for the detection of diabetes in a large sample of a general population (reference number 11). Therefore, we did not repeat such testing in our study. This was also an important limitation of our study.

Q5. Results
- Avoid reporting all data from the tables in the text (especially from figure 1, table 2, table 3)
A5. Thank you. We have revised it according to your suggestion.

Q6. Discussion
- Correct the word “evev”
A6. Thank you. We have revised it according to your suggestion.

Q7. Table 1
- According to table 1 dyslipidemia is higher for Kazakh and Mongolian than Uygur and Han, but their values do not correspond to that affirmation
A7. In the present study, dyslipidemia was defined as self-reported current treatment with cholesterol-lowering medication or having one or more of the following serum levels: total cholesterol (TC) $\geq 5.18$ mmol/L, triglycerides (TGs) $\geq 1.7$ mmol/L, high-density lipoprotein-cholesterol (HDL-c) $< 1.04$ mmol/L, or low-density lipoprotein-cholesterol (LDL-c) $\geq 3.37$ mmol/L. Subjects with higher levels of TC and/or TGs, and/or lower levels of HDL-c, and/or higher levels of LDL-c were diagnosed as having dyslipidemia. Therefore, dyslipidemia corresponded to the abnormalities of any one of the parameters of TC, TGs, HDL-c and LDL-c. In addition, some subjects were undergoing treatment with cholesterol-lowering medication. Therefore, the status of dyslipidemia may not have corresponded to the values of TC, triglycerides, HDL-c and LDL-c.