Author's response to reviews

Title: Randomised controlled trial of an automated, interactive telephone intervention (TLC Diabetes) to improve type 2 diabetes management: Baseline findings and six-month outcomes

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Author's response to reviews: see over
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Professor Lotufo
Associate Editor, BMC Public Health

Dear Professor Lotufo,

Thank you very much for providing us the opportunity to respond to the reviewers' comments and to provide a revision of our article (7477077366332336), ‘Randomised controlled trial of an automated, interactive telephone intervention (TLC Diabetes) to improve type 2 diabetes management: Baseline findings and six-month outcomes’. We are sending a revised manuscript that addresses the issues raised by the reviewers, and we hope these changes are satisfactory.

Reviewer 2:
I appreciated the longer description of the AusDiab study sample and how the authors ended up with ~150 individuals in the comparison group. However, I think a sentence to clarify that this survey is a sample of all Australians to assess overall prevalence of diabetes and other chronic conditions, rather than a specific study of those already diagnosed with diabetes, would be helpful.

We have now made the following clarification to the description of the comparison with the AusDiab study (please see page 7). The paragraph now reads: 'To examine the representativeness of the Australian TLC Diabetes sample, the baseline characteristics were compared with data from the Australian Diabetes, Obesity and Lifestyle (AusDiab) study [29], the largest national, population-based sample of Australians measuring the overall prevalence of diabetes and other chronic conditions. The AusDiab baseline study was conducted during 1999–2000 with data from 11,247 adults [29]. Demographic and behavioural data were collected during interview, and diabetes status was assessed using fasting plasma glucose and oral glucose tolerance tests. A subsample of this nationally representative study, those identified as having diabetes (and based on TLC inclusion criteria), provides the best comparison for the TLC study sample'.

Reviewer 3:
I have 2 points which should be addressed as minor essential revisions.

Abstract: reduction in usual care stated as 0.2% to make it clear.
The sentence in the results section of the abstract has been changed in line with the reviewer's recommendation. It now reads: 'Over the six-month period from baseline, participants receiving the Australian TLC (Telephone-Linked Care) Diabetes program showed a 0.8% decrease in geometric mean HbA1c from 8.7% to 7.9%, compared with a 0.2% HbA1c reduction (8.9% to 8.7%) in the usual care arm (p=0.002)'.

Table 2: there should be clear indication of which values are means and SD and which are medians and IQR.
The symbol ‡ has been used to indicate data presented as medians (and interquartile ranges). The footnote now reads: 'Data are presented as means (SD) and percentages, or as ‡medians (interquartile range) for skewed data.'

Yours Sincerely,

Dr. Emily Williams