Author's response to reviews

Title: Smoking Cessation among Diabetes Patients: Results of a Pilot Randomized Controlled Trial in Kerala, India

Authors:

KR Thankappan Prof (kavumpurathu@yahoo.com)
GK Mini Dr (minisureshkumar@yahoo.com)
M Daivadanam Dr (meenadaivadanam@live.in)
G Vijayakumar Dr (drgvijayakumar@gmail.com)
PS Sarma Prof (sarma@sctimst.ac.in)
M Nichter Prof (nichtermark@gmail.com)

Version: 4 Date: 14 November 2012

Author's response to reviews: see over
Dear Editor,

Thank you very much for giving us an opportunity to revise our manuscript (MS: 5594271407654706 - Smoking Cessation among Diabetes Patients: Results of a Pilot Randomized Controlled Trial in Kerala, India). We have attached a point by point reply to all the comments of the reviewer. In general we agreed to all the comments and the revisions are incorporated in the revised manuscript.

With warm regards

Yours Sincerely

K R Thankappan
Professor and Head
Achutha Menon Centre for Health Science Studies
Sree Chitra Tirunal Institute for Medical Sciences and Technology
Trivandrum, India – 695011
Tel: + 91 471 2524231 Fax: + 91 471 2446433 Email: kavupurathu@yahoo.com
Minor Essential Revisions

Comment 1.

Methods, Study procedure, paragraph 4. It is still not clear what it means to receive smoking cessation advice at ‘each visit’ by the doctor. Is the diabetes visit schedule the same as the counseling schedule? Are all diabetic patients seen at 1, 3, and 6 months by their physician? Please present some information about the number and distribution of physician visits (where they receive advice to quit) within each group.

Reply

Since the patient file was flagged during the baseline survey, the doctor could identify the study patients whenever they visited the doctor. The sample patients got smoking cessation advice from the doctor at each visit at the hospital. We documented the patients visits only at baseline, at one month, three month and at six month follow up. Visits to the doctor other than these time points were not documented in this study. However these visits were likely to be equally distributed in the two groups.

The following sentence is added in the revised manuscript. “All the diabetic patients followed up at one, three and six months were seen by the doctor and were advised to quit smoking” in Page no 8 Line no 187-189.

Comment 2.

Please clarify whether follow-up interviews were conducted in person or by telephone

Reply

The following sentence is added in the revised manuscript in page 8 line 183-184.

“All the follow-up interviews were conducted in person, although some of them were reminded by phone calls to come for the follow-up visit”.

Comment 3.

The authors note that readiness to quit was assessed in order to tailor the counseling for the intervention group. This is also a likely predictor of quit rates. The authors should report the proportion who were ready to quit in the results. It will help to interpret the interventions effectiveness. If the counselors moved patients from not ready to quit to abstinence, this is even more impressive. Also, because it is a predictor of quit rates, readiness to quit should be compared between study groups. If this was not assessed in the Intervention-1 group, at least report it for the Intervention-2 group.

Reply
The following sentences are included in page no 11 line 251-255 of the revised manuscript.

“Readiness to quit was assessed only for intervention group-2 as part of the intervention strategy. Out of the 112 patients in the intervention – 2 group, 77 reported that they were ready to quit at baseline. At six month follow-up, 40 patients (51.9%) out of these 77, quit smoking where as among the 35 patients who were not ready to quit at baseline, 18 (51.4%) quit smoking at six month follow-up”.

**Discretionary Revisions**

**Comment 4.**

Abstract, conclusions (line 57-59). While behavioral interventions are cost effective, this specific, ‘culturally sensitive diabetic specific cessation counseling’ program has not been tested for cost-effectiveness. While the statement of cost-effectiveness is likely true, it cannot be concluded from the data provided in this study where costs were not assessed.

**Reply**

We agree with the reviewer’s comment. We have removed the word “cost effectiveness” in the revised manuscript abstract and the sentence has been modified as follows in Page no 3 Line No 57-59.

“The value addition of culturally sensitive diabetic specific cessation counseling sessions delivered by non-doctor health professional was an impressive and efficacious way of preventing smoking related diabetic complications”

**Comment 5.**

Line 124, ‘After BEING informed about the study details, written consent from the patients was obtained.’ or similar correction.

**Reply**

We agree with the reviewers comment. We have modified the sentence as suggested by the reviewer as follows in Page no 6 Line No 124-125.

“After being informed about the study details written consent from the patients was obtained”