Author's response to reviews

Title: Metabolic abnormalities in adult HIV infected population on antiretroviral medication in Malaysia: a cross-sectional survey

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Author's response to reviews: see over
Dear BioMed Central editorial Team

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Research article
Metabolic abnormalities in adult HIV infected population on antiretroviral medication in Malaysia: a cross-sectional survey
Nazisa Hejazi, Roslee Rajikan, Lee Christopher Kwook Choong and Suzana Sahar

First of all, we appreciate and thank for publishing such valuable Journal. We have studied and addressed the comments in my revised manuscript based on the reviewer’s comments (minor corrections) which include:

1-Minor revisions:

A-methods: specify that plasma glucose is fasting; and give information if lipids are fasting too.

Before Revision (Page 5): Laboratory testing included the following: Lipid profile, plasma glucose, CD4 count, RNA Viral load.

After Revision (Page 5): Fasting blood samples were collected for all studied subjects. Laboratory testing for blood samples included the following: fasting lipid profile, fasting plasma glucose, CD4 count, RNA viral load.

The term of fasting is mentioned for blood samples, specific for lipid profile and glucose.

B-study definitions: I think that the risk is HDL equal or less than 1.03 (male) and 1.30 (female) and not equal or more than 1.03 and 1.30.

We have changed the symbol > to <. It was a typo-error.

Before Revision (Page 5): Increased in lipid profile and glucose level (mmol/l) were classed as TG> 1.7, LDL > 3.36, TC> 5.17, HDL> 1.03 (male) and 1.30 (female), FPG>5.6.

After Revision (Page 5): Abnormalities in lipid profile and glucose level (mmol/l) were classed as TG> 1.7, LDL > 3.36, TC> 5.17, HDL< 1.03 (male) and HDL<1.30 (female), FPG>5.6.

C-risk factors for increased TC (page 6): you stated that higher HDL and having hepatitis disease significantly protect subjects from hypertryceridemia. It is unclear the reason why you put this statement here and not in TG risk section.
Before revision (page 6): Interesting that higher HDL level (OR=0.485, 95% CI= 0.384–0.612) and having hepatitis disease (OR=0.527, 95% CI= 0.387–0.718) significantly protect the subjects from hypertriglyceridemia (p<0.001).

After Revision (2 steps):

1) Since having hepatitis is protecting factor for raised TC, We kept it in the paragraph. Next we removed “higher HDL level (OR=0.485, 95% CI= 0.384–0.612) from TC section and moved it to the Risk factor for increased TG.

In page 6 (Risk factor for increased TG): On the other hand being female (OR=0.550, 95% CI= 0.428-0.707) and Malay (OR=0.676, 95% CI= 0.464- 0.985), not taking anti- hyperglycemic agents (OR=0.603, 95% CI= 0.419- 0.870), higher HDL level (OR=0.485, 95% CI= 0.384- 0.612), having hepatitis disease (OR=0.576, 95% CI= 0.424- 0.781) significantly reduce the risk of hypertriglyceridemia (p<0.001). CD4 cell, viral load, LDL level and smoking were not associated with high TG level significantly (p>0.05).

2) We replaced the term of “hypertriglyceridemia” to “elevated total cholesterol” because this section is related to TC and not to TG. The term of hypertriglyceridemia is incorrectly typed instead of elevated total cholesterol.

In page 6 for (risk factors for increased TC ): Interesting that having hepatitis disease (OR=0.527, 95% CI= 0.387–0.718) significantly protect the subjects from elevated total cholesterol (p<0.001).

Just for BMC Editor Information: having hepatitis (please refer to tables 2 and 4) is also protective factors for high TG and included as a finding in Risk factor for increased TG.

D- risk factors for low HDL: you stated that beside this study show that higher level of TG and having hepatitis disease significantly decreased the risk of hypertriglyceridemia. It is unclear the reason why you put this statement here and not in TG risk section.

First of all, this sentence “beside this study show that higher level of TG and having hepatitis disease significantly decreased the risk of hypertriglyceridemia” is related to “risk factors for low HDL” section not “risk factors for low LDL’ section (manuscript before revision).

These two factors are in proper section which related to the low HDL and not related to TG level. Only the term of hypertriglyceridemia is incorrectly typed instead of low HDL level. We omitted the word of “hypertriglyceridemia” and replaced with “low HDL level”.

Before Revision: Beside this study showed that higher level of TG (OR=0.630, 95% CI=0.459–0.865) and having hepatitis disease (OR=0.576, 95% CI= 0.424–0.781) significantly decreased the risk of hypertriglyceridemia (p<0.001).

After Revision: Beside this study showed that higher of TG (OR=0.693, 95% CI=646–0.745) and having hepatitis disease (OR=0.630, 95% CI= 0.459–0.865) significantly decreased the risk of low HDL level.

- Discussion: you may more deeply emphasize that the data are derived from a male population and that their relevance is mainly to be referred to male sex.
The following sentence is added to the end of third paragraph in discussion part as:

Page 7: It is important to stress that the data are derived from a male population mostly and that their relevance is mainly to be referred to male sex.

2. Discretionary Revisions: if you have data it may be useful to add also insulin values.

There is not available data on other laboratory markers such as insulin value for these patients in their medical records.

Based on the journal format, we moved all tables to the end of manuscript after reference list.

Warm Regards,

Dr Roslee Rajikan

Dr Nazisa Hejazi