Author's response to reviews

Title: C-reactive protein, established risk factors and social inequalities in cardiovascular disease a the significance of absolute versus relative measures of disease

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The Editor February, 2008
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Dear Sir/Madame,

Here is a description and motivation of the changes made to our manuscript: Two different ways of investigating the importance of established risk factors and C-reactive protein in the explanation of socioeconomic differences in cardiovascular events (MS: 1021672304159137) after consideration of the suggestions of changes proposed by the reviewers:

Reviewer Peter Muennig:

Major compulsory revision:

We thank you the reviewer for the valuable comments. The title, abstract, background section, discussion section and the conclusion has been re-written and the whole paper has been sent for linguistic revision. The title now says: C-reactive protein, established risk factors and social inequalities in cardiovascular disease a the significance of absolute versus relative measures of disease. The background section now includes a more thorough presentation of the debate and the background of the issue is now more strongly described. We also more clearly present the significance of our findings in the abstract, discussion section and in the conclusion.

Discretionary revision:

I might consider a more thorough review of the CRP/SES literature. Answer: We have added one more reference in the discussion section on p.14 regarding the association between SES and CRP. Furthermore, we have extended the discussion on the association between CRP and future events and also
regarding some methodological aspects of the measurement of CRP according to comments from reviewer No. 2. Please see points 1 and 2 under the heading Discussion.

Reviewer Gordon Lowe

Minor Essential Revisions:

Methods

1. Add intra- and inter-assay coefficient of variation for CRP. Answer: We have now added a coefficient of variation with regard to CRP in the Methods section on p.6: The average coefficient of variation (CV) has in earlier studies on the MDCS been documented as 4.59% [Persson M, Hedblad B, Nelson JJ, Berglund B. Elevated Lp-PLA2 Levels Add Prognostic Information to the Metabolic Syndrome on Incidence of Cardiovascular Events Among Middle-Aged Nondiabetic Subjects. Arterioscler. Thromb. Vasc. Biol. 2007;27;1411-1416].

2. Add data on ex-smokers to table 1. Answer: We have now added data on ex-smoking to table 1.

Discussion

1. Further discussion and references are required on CRP and fibrinogen. Answer: We have now added two more references to this section in the Discussion, as suggested by the reviewer and added some text to comment on this on p. 14: However, there have also been studies that have shown that the usefulness of CRP in prediction beyond that of established risk factors is small [29,30].

2. Page 15: The statement in the Discussion that CRP shows little seasonal or diurnal variation could be modified with reference to a recent large study (Rudnicka et al. Circulation 2007). Answer: Thank you for this comment. This reference has now been added in the Discussion section on p. 16 together with some text to comment on this: CRP has been suggested to be a good indicator of low-grade inflammation since the levels appear to be reasonably stable over time, with little seasonal variation [48, 49]. While some studies have shown signs of diurnal variation [49], others have not [50].

so what do we do now? Arch Intern Med. 2006;166:1342-4].
