Author's response to reviews

Title: Comparison of cardiovascular co-morbidities and CPAP use in patients with positional and non-positional mild obstructive sleep apnea

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Version: 4 Date: 25 July 2014

Author's response to reviews: see over
July 25, 2014
Ms Ma. Celine Zapanta
Editor,
BMC Pulmonary Medicine

Re: MS: 4037933321057996

Dear Ms Ma. Celine Zapanta,

We have revised our manuscript titled “Comparison of cardiovascular co-morbidities and CPAP use in patients with positional and non-positional mild obstructive sleep apnea” to address the Reviewers’ comments. Our list of responses is below. We hope that with these changes, the manuscript will be acceptable for publication in your journal. If you have any questions, please contact us.

Sincerely,
Mei-Chen Yang, MD
RESPONSE TO REVIEWERS’ COMMENTS
(Reviewers’ comments are in italics)

Editorial Requirement:

1. Line Numbering: Please revise your manuscript to include line and page numbers. Authors are asked to ensure that line numbering is included in the main text file of their manuscript at the time of submission to facilitate peer-review. Once a manuscript has been accepted, line numbering should be removed from the manuscript before publication. For authors submitting their manuscript in Microsoft Word please do not insert page breaks in your manuscript to ensure page numbering is consistent between your text file and the PDF generated from your submission and used in the review process.

Response: We have revised the paper accordingly to address the editorial requirements.

Reviewer #1

Title: Comparison of cardiovascular co-morbidities and CPAP use in patients with positional and non-positional mild obstructive sleep apnea
Version: 3 Date: 26 June 2014
Reviewer: Stuart Quan
Reviewer’s report:

Major Compulsory Revisions:

Abstract:

1. The sentence starting “However, the significant difference CPAP acceptance...” needs to be preceded by a statement indicating that there was an acceptance difference between positional and non-positional patients.

Response: The original sentence that began with “However, the significant difference CPAP acceptance...” was not correct, and has been edited to properly report the data that is presented in Table 3 which it was summarizing (see lines 46 and 47).

2. What is the difference between CPAP adherence and CPAP compliance? Most clinicians think of these as the same concept.

Response: We agree with the Reviewer that there is no difference between these terms and have edited the text so that only compliance findings are presented.

3. What is the difference between CPAP adherence and CPAP compliance?

Response: As commented above, there is no difference and we have edited the text so only compliance is presented and discussed.
4. There is a typo “This study found d that...”

Response: The text was edited accordingly (see line 48)

5. Again, in the conclusion, what is the difference between adherence and compliance?

Response: As mentioned above, there is no difference and we have edited the text so that only compliance is presented and discussed.

Introduction:

6. Regarding the statement “As the severity of OSA tends to worsen over time, active and effective treatment for mild OSA is essential.”, this very debatable. There is no consensus that treatment of mild OSA is needed. I suggest the following language “As the severity of OSA tends to worsen over time, active and effective treatment for mild OSA may be required.”

Response: We have edited the text accordingly (see lines 70 and 71).

Methods:

7. There is a typo in the sentence starting “The automated sphygmomanometer was...”. The word “manufacture” should be “manufactuer”.

Response: The text was edited accordingly (see line 155).

8. I fail to understand why the authors are making the distinction between “compliance” and “adherence”.

Response: as noted above any data or references related to “adherence” have been removed from the text.

Results:

9. Sentence starting “Within the non-positional group, group 3...”, has a very complex sentence structure and is difficult to understand.

Response: Due to responding the comment #10, this sentence has now been deleted from the text.

10. In general, you do not have to reiterate all of the findings in Table 1 and 2 in the text. You should just highlight the important findings. It is very difficult to determine what the important findings of the study are.
Response: We have revised the paragraph to more clearly present key differences. The text now focuses on the major differences between the positional and non-positional cohorts and when a disease severity within a cohort is significantly different than the other 2 severities. (see lines 205-213).

11. Since CPAP adherence and compliance are highly correlated, why are you using both of these variables? You should just use compliance.

Response: The text was edited so only compliance information is presented.

Discussion:

12. In general, you are making definitive recommendations for therapy based on meager evidence. For example, to state that patients with poor sleep quality should receive “optimal” treatment is far overreaching. To base this recommendation on the evidence presented in reference #33 is not warranted.

Response: We have revised the Discussion to be less definitive in our recommendation in regard to treatment of OSA and in particular its potential effect on blood pressure (see lines: 281-283; 291-293; 324-325; 328-332).

13. To state that mild positional OSA has the same risk for CVD as non-positional mild OSA again is overreaching. Without a RCT, I think you should be less dogmatic.

Response: We have edited the text to indicate additional studies are necessary to address this issue (see lines 281-283).