Author's response to reviews

Title: Adherence to Osteoporosis Regimens among Men and Analysis of Risk Factors of Poor Compliance: A 2-year Analytical Review

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Author's response to reviews: see over
Title: Adherence to Osteoporosis Regimens among Men and Analysis of Risk Factors of Poor Compliance: A 2-year Analytical Review

Authors: CK Chiu, MC Kuo, SF Yu, Ben YJ Su, TT Cheng

Number of pages: 24

Numbers of tables: 2

The authors have read the final manuscript entitled “Adherence to Osteoporosis Regimens among Men and Analysis of Risk Factors of Poor Compliance: A 2-year Analytical Review”. We have given our attention to ensure the integrity of the work. We verify that all the contents are true, accurate and original. The paper is being submitted solely to “BMC Musculoskeletal Disorders”. All authors made substantive intellectual contributions to this study to qualify as authors. CK Chiu and MC Kuo contributed to study design, acquisition of data, analysis of data, and interpretation of results. SF Yu and TT Cheng contributed to study coordination. Ben YJ Su contributed to statistical analysis. CK Chiu, MC Kuo, SF Yu, and TT Cheng contributed to manuscript preparation. All authors read and approved the final manuscript.

This study was supported by grant CMRPG870592 from Chang Gung Memorial Hospital and Chang Gung University College of Medicine, Kaohsiung, Taiwan. We declare no conflicts of interest that would influence this research.

We aimed at investigating adherence to anti-osteoporosis regimens among 333 men treated under therapeutic guidelines. Our results demonstrated that adherence was sub-optimal, in contrast to previous series. Non-adherence was more likely in male patients with start prescriptions by orthopedists, and less likely in men with RA and BMD measurements before therapy.
Dear Editor,

Thank you for your letter dated Jul 29, 2013. We were pleased to know that our manuscript had been recommended for publication in **BMC Musculoskeletal Disorders**, subject to the adequacy of style revisions and responses to the comments raised by the journal reviewers.

Enclosed please find the revised manuscript. We have revised the manuscript by modifying the several sections accordingly. We also enclosed a copy of the revised manuscript marked with all of the changes made during the revision process.

Please also find our point-by-point response to the comments raised by the reviewers. We agree with all of the comments they raised and would like to express our sincere thanks. Lastly, we are extremely grateful for the opportunity to submit a revised copy of the manuscript.

Thank you for recommending our revised manuscript for publication in **BMC Musculoskeletal Disorders**.

Sincerely Yours,

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Answer to the Reviewers’ comments
Manuscript ID: MS: 1445981494955834
Below are our responses to the Reviewer’s comments. The page numbers refer to our revised manuscript submitted Aug 21, 2013.

Reviewer Salvatore MINISOLA
Question: Some papers important in this context should be cited; for example; Carnevale et al. Osteoporosis International 2006 (the problem of males is addressed in this investigation).
Answer: Thank for your comments. We found the referee’s comments most helpful. Some important references are now provided in the text. (see page 4 and page 12)

Question: The discussion is excessively long and should be more targeted to the problem of men.
Answer: Thank for your suggestion. We have modified the discussion section as the reviewer suggested.

Reviewer ROSSANA SCRIVO
Background
Pag. 4: Prevalence of OP in the Taiwanese study (ref. 5) is referred to subjects aged \( \geq 50 \) yrs, not just over 50 yrs as reported in the text.
Answer: The reviewer is correct. It means that the prevalence of OP in Taiwanese men and women aged 50 years or older. We have modified the introduction section as the reviewer suggested. (see page 4)

Pag. 5: A reference should be added for the statement “... but other reports investigated adherence to anti-osteoporotic therapy within one year only”.
Answer: Thank for your suggestion. Some references to this sentence are now provided in the text as the reviewer suggested. (see page 5)

Methods
Pag. 6: the abbreviation “NOF” should fully listed once.
Answer: Thank for your comments. “NOF” is an abbreviation for “National Osteoporosis Foundation”. Change as recommended. (see page 7)

Pag. 7: the abbreviation “RA” should fully listed once.
Answer: Thank for your comments. “RA” is an abbreviation for “rheumatoid arthritis”. Change as recommended. (see page 7)

Discussion
Pag. 10: “scare” should be corrected.
Answers: Thank for your correction. The word “scare” was changed to “scarce”. (see page 11)

Pag. 11: the sentence “.. and reported that in which they showed that adherence...” seems to be cut off. The Authors should clarify. Also, the sentence A small series study by Cevikoi A [13], they reported that compliance to bisphosphonate at 1- and 3-year periods were found that 49.4% and 17.9% of males with osteoporosis, respectively, had compliance with bisphosphonate at 1-and 3-year periods” is confusing and the Authors should clarify.

Answer: We thank the reviewer for this excellent suggestion. We have modified the discussion section as the reviewer suggested. (see page 11)

References

It should be updated including the paper “Osteoporosis in Men. Watts NB. Endocr Pract 2013 Jun 11:1-16. [Epub ahead of print]”

Answer: Thank for your suggestion. We cited this important reference regarding osteoporosis in men as the reviewer suggested. (see page 4 and page 11)

Table 1
Unit for BMD (T score) should be reported

Answer: Thank for your suggestion. Unit for BMD (T-score) means standard deviation (SD). The content of Table 1 was revised. (see page 21)

Rehabitation in the legend should be corrected

Answer: Thank for your correction. The word “Rehabitation” was changed to “Rehabilitation”. (see page 22)

Table 2 and 3
These are not informative enough. In addition to OR (95%CI) and p-value, n/% values should be shown. Table 1 and 2 may be merged and Table 3, having a different number of subjects, should be completed.

Answer: Thank for your suggestion. Table 2 and 3 were changed to add n/% values. More information about the demographic data regarding the subgroup with MPR ≥80% at year 1 has been provided in Table 1. In Table 3, we focused on exploring risk factors for poor compliance at year 2 in this subgroup subjects (not total cohort) was analyzed. Therefore, the number of subjects in Table 2 and 3 was different. We preferred to combine Table 2 and 3, rather than merge Table 1 and 2. (see page 8, page 10, page 23 and page 24)

Thanks to the reviewers for the thoughtful and thorough review.
Hopefully we have addressed all of your concerns.