Author's response to reviews

Title: Ramelteon combined with an alpha1-blocker might decreases nocturia in men with benign prostatic hyperplasia

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MS: 1256986158940180 (previously; 1547970145844090) entitled, "Ramelteon combined with an alpha1-blocker might decreases nocturia in men with benign prostatic hyperplasia" by Takashi Kawahara.

Dear Editor,

Thank you for your letter concerning the above-referenced manuscript. We received your letter on April 14th, and have now revised the manuscript. We were pleased to note the generally favorable comments from the reviewers, and have made corrections in response to their comments that I hope will meet with their approval.

BMC Urology: Response to associate editor’s critiques

1. Introduction; Nocturia is known to be related to some medications as well? e.g. diuretics, amlodipine.

Thank you for your comment. We have now added information about the correlation between the medications and nocturia, including diuretics and amlodipine, in the Introduction of the revised manuscript.


We appreciate your comment. As you suggested, we have added this article in the revised manuscript both in the Discussion and the Introduction.

3. Methods; OABSS and NQOL should be given in appendix

Thank you for your comment. We attached the OABSS and NQOL in the Appendix.

4. Results; Was there any difference in nocturia at baseline between patients taking
tamsulosin, silodosin and naftopidil? Should give breakup. Similarly, alpha-blocker-wise breakup of difference after ramelton should be given.

We appreciate your comment. We have checked the clinical records again and no differences were found in the pre- or post-ramelton treatment or between these alpha-blockers. We have added this information in the revised manuscript Results section.

5.
Results; A total of 13 patients (63.2%) exhibited decreased nocturia one or more times, while nine (47.3%) patients exhibited nocturia one time or less per night. (p <0.01). I could not understand the meaning of it.

We appreciate your comment. We agree that this sentence was somewhat unclear for the readers. Therefore, we rewrote the sentence. We meant that 63.2% of patients had a decrease in the number of episodes of nocturia and 47.3% experienced nocturia one or fewer times per night. In other words, 15.9% (63.2 – 47.3%) of patients still had nocturia two or more times per night, even if the number of episodes of nocturia had decreased.

6.
Results; The data were distributed normally. In this study, no differences were noted in age, past history or medication use between the patients who were likely to respond and those who were not. Five patients had hypertension with anti-hypertension drugs, three had diabetes mellitus with anti diabetes mellitus drugs, and three had a medication of a diuretic. None of the patients who were medicated with antidiabetes mellitus drugs had neurogenic conditions. Should come in initial part of results.

We appreciate your comment. Based on your advice, we moved this part to the initial part of the Results. Thank you for your helpful comment.

7.
Results; And no correlation likely to be responded for nocturia was founded in this study. What does this mean?

Thank you for your comment. We wanted to indicate that predicting the patients who are likely to respond to ramelton is difficult. We apologize for the poorly worded phrase. We have rewritten this sentence in the revised manuscript.

8.
Discussion; Shimizu et al. study should be more detailed and its strengths and limitations should be discussed in more details.
Thank you for your comments. We added more information about that manuscript, especially about its strengths and limitations, in the Discussion section of the revised manuscript.

9. Discussion; In this study, all patients received naftopidil.? Should be rewritten as ?in this study, all patients had been on naftopidil at some stage before inclusion? (I hope that?s what authors mean)
What was the indication of switching from naftopidil to tamsulosin and silodosin.

We appreciate your comment. As you pointed out, all patients had received naftopidil at some stage. The indication for switching from one alpha-blocker to another was left at the discretion of the urologists who were caring for the patients. In our institute, all patients were cared for by at least three urologists. In most cases, when the patients complained of symptoms when they were on the maximum dose of the current alpha-blocker, they were changed to a different alpha-blocker. We have added this information in the revised manuscript.

I would like to thank the reviewers for their helpful comments and hope that the revised manuscript will be found to be acceptable for publication in BMC Urology.

Respectfully yours,

Takashi Kawahara