Author's response to reviews

Title: Drug Related Problems in Type 2 Diabetes Patients With Hypertension: A Cross-Sectional Retrospective Study

Authors:

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Author's response to reviews: see over
Reviewer's report
Title: Drug related problems in type 2 diabetes patients with hypertension
Version: 4 Date: 21 November 2012
Reviewer: Hege S Blix

Reviewer's report:
Comments to the author:
Major compulsory Revisions
General comments
The article is now better, however, still too long and in need of professional English proofreading. I found several misprints and errors in spelling. Remember, the shorter the better, but of course it is necessary to be precise, therefore I think it is worthwhile to send the manuscript to a professional proofreader.---This manuscript has been proofread second time by Edanz

The number of tables and figures is now acceptable. In the text, page 9, you refer to Table 11, (one example of the above mentioned errors).

ABSTRACT, Introduction and aims
OK, I specially liked the way you structure and clarify your aims

Methods
Renal impairment – During a hospital stay many patients will have a creatinine clearance less than 50, this is confirmed in your study – almost half of your patients had renal impairment by using that definition. Your study is retrospective and you used data from the medical records which means that you miss important information with regard to mild forms of renal impairment, e.g. is it a persistent renal impairment or is it a transient condition e.g. in connection with an infection. This is why I suggested lowering the limit in the definition. This will make your results more applicable in clinical practice.---The limit has been lowered as recomended

Combination of drugs was counted as a single item. It is still not clear enough coming to polypharmacy. My question is: will a combination of antidiabetic and antihypertensive drugs be counted as two or more medications and at the same time, a combination of another type of drug counted as one when you calculate the polypharmacy of each patient? This is confusing, the term polypharmacy is often used to describe the risk of non-adherence or also drug interactions. Therefore handling combination drugs in different ways is somewhat strange to me (if that is what you did). Because I do not understand this, your result of 76,5% patient having polypharmacy is not straight forward to understand.---For polypharmacy by definition if the patient is taking five or more medication, this means that the assessment is merely based on the numbers of drugs that the patient is taking. For combination of drugs with two or more active ingredients we counted the drugs as a single item (eg for seretide we have 2 active ingredients fluticasone and salmeterol) but we only count it as seretide in this case and not fluticasone or salmeterol as a single entity respectively. However, in due to antidiabetics and antihypertensive are the main drug group we are focusing more on this two groups. Thus, for combination of drugs for these 2 groups, we counted the active ingredient as a single entity. This is because there are a large number of drugs involved in this study and therefore this 2 classes of drug are our target for this study.

Result
In general about the examples given in result: I understand your wish to share information about all the interesting DRPs you have found in your study,
however, (I say it again) do not let the reader get tired by giving too much
detailed information. One example describing the main finding per DRP is more
than enough. By deleting unnecessary examples, you can shorten result by
maybe one page. — it has been shorten as recommended

Adverse effects – Please, in discussion briefly mention that due to the
retrospective method, all ADRs are not captured, only those mentioned in
medical journal is included. See also the general comment. Many of the ADRs
you mention are well known and it is not interesting to read that e.g. perindopril
resulted in hyperkalemia. — it has been included

The same (too many examples) apply for the other DRPs; drug choice problem,
Beers list, contraindicated drugs, without clear indication, inappropriate dosing
and duration of treatment.

Discussion
In general too long. You should work on the language, e.g. Discussion page 10
4th line “…highest in age the 45 to 64 group between (2)…” This is not
understandable, should it be: “highest in the age between 45 to 65 years..?” and
one line below: “the higher mean age that reported…” the word “that” should be
deleted. Furthermore, page 12 drug choice problems, second paragraph, second
line “…to the elderly and might them..” What do you want to say?
There are several such examples in the discussion part – please make it more
readable (proofreading). — all sentences have been rephrased

Page 17 cardiovascular events second paragraph: you use a whole paragraph
describing another study (ref 48) Why? If the readers are interested they will go
to the specific reference to read themselves. If you want to use the information
use one sentence (I think you can delete the whole paragraph). — has been deleted

Page 17 duration of stay; too long, delete the last sentence in the first paragraph
and the second paragraph — has been deleted

Figures and tables
Fine
Actually I also think there is too many references – it would be better if you can
delete some of them too. — I’ve try to limit the references, but i think all of them are
seems to be important, since that is the only reference for the statement.

Level of interest: An article of limited interest

Quality of written English: Not suitable for publication unless extensively edited

Statistical review: No, the manuscript does not need to be seen by a
statistician.

Declaration of competing interests:
'I declare that I have no competing interests'