Author's response to reviews

Title: Insulin Resistance and Adipokines serum levels in a Caucasian Cohort of HIV-positive Patients Undergoing Antiretroviral Therapy: a cross sectional study

Authors:

Victoria Arama (dr.arama@mateibals.ro)
Catalin Tiliscan (catalin_tiliscan@yahoo.com)
Adrian Streinu-Cercel (strega@mb.roknet.ro)
Daniela Ion (danieliaion7@yahoo.com)
Raluca Mihailescu (ralsan@gmail.com)
Daniela Munteanu (danielaiohaioana.mn@gmail.com)
Adriana Hristea (adriana_hristea@yahoo.com)
Sorin S Arama (sorinarama@gmail.com)

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Author's response to reviews: see over
Dear Dr. Ole-Petter Hamnvik,

Thank you for your comments of our revised manuscript entitled *Insulin Resistance and Adipokines serum levels in a Caucasian Cohort of HIV-positive Patients Undergoing Antiretroviral Therapy: a cross sectional study.*

Based on your comments we made further modifications in our manuscript and we added new results.

Specific comments.

1. Page 3: Many of the adipokines that the authors say are synthesized by adipocytes are in fact synthesized by inflammatory cells within adipose tissue. Would therefore change "adipocytes synthesize..." to "adipose tissue synthesizes..."

Please note that we modified the text according to your comment.

2. Page 8: The authors say that the low correlation coefficients are caused "in part by low number of subjects...". This is not correct. The low correlation coefficients is caused by low correlation, but the low number of subjects may lead to a high number of false negatives (i.e., falsely high p-values). So I would just say that the correlations were small to moderate in magnitude.

Please note that we modified the text according to your comment.

3. The authors have added some more data about HOMA-IR, which is helpful. I would also like to see the percent of the population with insulin resistance based on HOMA-IR, and the cut-off that they used (Romania specific or general Caucasian cut-off).

Please note that we modified the text and added the percent of the population with insulin resistance based on HOMA-IR.

4. Table 1: Include how they defined dyslipidemia.

Please note that we modified the text based on your comment.

- I would add a sentence saying that consent was obtained from the research subjects.

Please note that we modified the text according to your comment.

5. Is the normal range for QUICKI correct? 0.37 to 0.39 seems very narrow, and the cut-off for IR is below the normal range.

Please note that these values are for mean QUICKI levels, reported by different studies.

6. Bottom of page 5: Would clarify that this is for the entire population (it's a bit
confusing because there are more correlations at the top of page 6, but these are for men, then women).

Please note that we modified the text according to your comment.

7. I appreciate being shown the data on what happens when age / BMI are included in the statistical models - the association between IR and leptin (or triglycerides / adiponectin) disappears. This is important information that should be included - it's difficult to know if they are confounders or on the causal pathway. Regardless, the authors should mention that the association disappears after including age and BMI in the regression model, and discuss theories about why (low n with loss of power as more variables are added? Changes in adiponectin with age / BMI causing IR? Other theories?).

Please note that we modified the text according to your comment.

Thank you for your kindness and expertise in reviewing our manuscript.