Author's response to reviews

Title: Diagnostic criteria for diabetes revisited: Making use of combined criteria

Authors:

Ali Parappil (aliparappil@yahoo.com)
Suhail A.R. Doi (sardoi@onebox.com)
Kamal A.S. Al-Shoumer (kshoumer@hsc.kuniv.edu.kw)

Version: 7 Date: 15 Jan 2002

Dear Sir,

We apologize for the repeated submissions but we felt the last few sentences of the introduction were not clear and therefore we are replacing the following:

"It may be pointed out here that although the use of the HbA1c in this way is useful (to define the glycemic status of patient groups with similar characteristics), it is not suitable for diabetes screening in individuals and cannot replace plasma glucose. It is true that the level of HbA1c is higher among diabetic than among nondiabetic persons, and among diabetic persons there is a correlation between HbA1c and various measures of glycemia, but this correlation seen in groups of patients does not hold for individual patients where the correlation is very poor, probably because glycemia proceeds at a slow rate and cannot reflect glycemias in toto. When the HbA1c has been used in such a way for individual patients, as expected, it has an unacceptably low sensitivity that results in poor discrimination of normality, IGT and diabetes in individual patients."

With the following in this version:

"It may be pointed out here that although the use of the HbA1c in this way is useful (to define the glycemic status of patient groups with similar characteristics), it is not suitable for diabetes screening in individuals and cannot replace plasma glucose. It is true that the level of HbA1c is higher among diabetic than among nondiabetic persons, and among diabetic persons there is a correlation between HbA1c and various measures of glycemia, but this correlation seen in groups of patients does not hold for mildly hyperglycemic patients where the correlation is very poor, probably because glycemia proceeds at a slow rate and cannot reflect glycemias in toto. When the HbA1c has been used as a screening test for individual patients, as expected, it has an unacceptably low sensitivity that results in very poor discrimination of normality, IGT and diabetes in individual patients. It has a good specificity however, allowing its use for assessment of glycemic control in the follow-up of diabetics."

Regards

Dr Suhail Doi