Author's response to reviews

Title: Clinical features, predictive factors and outcome of hyperglycaemic emergencies in a developing country.

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Author's response to reviews:

Cover letter for responses to issues raised on the manuscript

1. The manuscript has been extensively copy edited.
2. Competing interests section has been included between the “Conclusions and Authors’ contribution and it reads as follows: “We declare that we have no competing interest”.
3. Authors’ contribution has been included after the Conclusion section and reads as follows:

AO conceived of the study, participated in its design, acquisition of funding, drafting of manuscript and statistical analysis.

JA contributed to study design and statistical analysis and acquisition of funding.

CU contributed to drafting of manuscript and study design.

OF contributed to drafting of manuscript and study design.

4. An acknowledgement section has been included and reads as follows: I wish to acknowledge Dr F Ogbera who helped in reading the manuscript and also providing funding for the study. Funding was largely “out of pocket”. All sources of funding for this study were personal.

5. A title page has been included.

6. Response to the First reviewer suggestions: (Moses Elisaf)

MAJOR COMMENTS

6.1 The diagnosis of DKA and HONKs now reflect that suggested by the reviewer and the suggested reference is now Reference No 9. The text reads as stated below

Diabetes ketoacidosis referred to blood glucose levels >250mg% and the presence of metabolic acidosis (bicarbonate levels of <10 mmol/L-18mmol/L) and
or the presence of ketonaemia or ketonuria 8-9.”

“HHS referred to blood glucose levels of >600 mg% and bicarbonate levels of >18mmolL with or without the presence of ketonuria 8-9.”

6.2. The diagnostic criteria for Type 1 DM has also been modified and now reads thus:

Type 1 DM – Insulin requiring subjects in whom the diagnosis of DM was made before 30 years of age.

Type 2 DM- Subjects in whom the diagnosis of DM was made after 30 years of age and or were on oral hypoglycaemic agents prior to presentation. Some comments pertaining to this are made in the last paragraph under “Discussion” as limitations of the study.

6.3 The diagnostic criteria for the biochemical abnormalities have been included under methods and reads” The suggested reference was referred to and included as Reference 9.

6.4 The parameters that affect the patients’ prognosis have already been determined by an a logistic regression for which such an analysis is equally indicated and moreover since the second reviewer had no issues with this, I will rather leave it as it is.

6.5 Result presentation has been redone with 3 Tables removed.

MINOR COMMENTS

Serum creatinine levels were not measured and serum sodium levels were not corrected for the increased glucose levels.

Hyperkalaemia was noted in 2 (2.1%) of the subjects with DKA. This statement has been included under “Results”.

7. Second Reviewer’s comments

7.1. All values of glucose in the text and tables have been changed to mmol/L.

7.2 Tables 3, 4 and 5 have been deleted and have now been summarized in text form under “Results”.

7.3 The political statement under “Introduction” has been modified and rewritten as “In Nigeria, the brunt of the costs of health care provision is borne largely by the patients and family members”.

The manuscript has been rewritten, language corrected and copyediting done. Major changes in language have been done in the abstract and manuscript. Authorship has also been modified accordingly (One author did not meet the stated criteria and his name has been deleted and another author whom the criteria added). Tables have been properly formatted with borders and cells incorporated.

This is to state that the afore mentioned paper on is an original work and all four authors contributed to the work. It has not been published nor is it being considered for publication elsewhere.

I am of the opinion that this paper be considered for publication given the fact
that hyperglycaemic emergencies are the commonest complications of DM in developing countries and there is a dearth of data on the biochemical parameters in our part of the world. The paper may have significant bearing on the course and management of this DM complications on clinicians caring for people with DM.

Dr Ogbera AO (Signed)

Dr Awobusuyi J (Signed)

Dr Unachukwu C (Signed)

Dr Fasanmade O (Signed)