Author's response to reviews

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

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RESPONSE TO REVIEWER'S COMMENTS
Response: The changes made are highlighted. The manuscript has been modified in line with the suggestions made by the editorial board.

Methods
1. Urea levels were considered elevated if the blood urea nitrogen was >7.9 mmol/L. –Page 4

Results
1. The lower the duration of DM, the higher the recorded number of HEs admissions and deaths. (Page 6)
2. A large majority -89 (80%)- of the study subjects had short term duration of DM and the highest number of deaths-18 deaths-were recorded in this category of patients. Page 6
3. Case fatality rates for DKA and HHS were 18% and 35% respectively. Page 6
4. In Table 2 azotaemia has been replaced by elevated urea levels.

Discussion
1. Hyperglycaemic emergencies occur in all age groups of people with DM and in this…….Page 7
2. Hyperglycaemic emergencies occur in all age groups of people with DM and in this report we found that DKA and HHS admissions were recorded more in the 36-64 years age bracket-Page 7
3. In this report, the mean ages of subjects presenting with DKA and HHS 10-11 were comparable and these findings are diametrically opposed to some other reports11,14 that showed a significant difference in the ages of people presenting with HHS and DKA. Page 7.
4. The noted differences between these reports and ours may be due to our inability to assess the C-peptide levels which would have helped in objectively classifying patients properly according to DM type.Page 7
5. Although our findings are consistent with the aforestated scenario, it is pertinent to note that poor drug compliance was a major precipitant of HEs in our study subjects.

6. Azotemia which may be a resultant effect of volume contraction in patients with HEs was not objectively assessed as only urea levels of these patients were documented. However the presence of elevated urea levels was a prominent feature in our study subjects.

7. The results from this report with regards to classification into types 1 and 2 should be interpreted with caution since objective classification of DM into these two types requires the assessment of C-Peptide levels which was not done.

Table 2: Biochemical features of Hyperglycaemic emergencies

The biochemical parameters of the subjects with DKA and HHS are compared in Table 2.

<table>
<thead>
<tr>
<th></th>
<th>DKA</th>
<th>HHS</th>
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<tbody>
<tr>
<td>Elevated urea levels</td>
<td>54 (57.4%) 9 (53%)</td>
<td></td>
</tr>
<tr>
<td>Hypernatraemia</td>
<td>2 (2%) 2 (12%)</td>
<td></td>
</tr>
<tr>
<td>Hypokalaemia</td>
<td>33 (35%) 8 (47%)</td>
<td></td>
</tr>
<tr>
<td>Hyponatraemia</td>
<td>18 (19%) 3 (18%)</td>
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