Author's response to reviews

Title: Effect of nonsurgical periodontal therapy verses oral hygiene instructions on Type 2 diabetes subjects with chronic periodontitis: a randomised clinical trial

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Author's response to reviews: see over
Response letter to the Editor

Dear Editor

Thank you for your email and the expert review. The following is our response to each of the comments given and we indicate how we amended the manuscript. The changes to the original text are highlighted in red in the new version of the manuscript.

Comment 1
The clinical improvements in terms of PPD reductions and CAL gains in the two groups have to be reported in the abstract
Response:
We have added the following sentence in the abstract (lines 56-60): “Mean probing pocket depth (PPD) and mean probing attachment loss (PAL) within the NSPT group reduced significantly from baseline (2.56 ± 0.57mm, 3.35 ± 0.83mm) to the final visit (1.94 ± 0.26 mm, 2.92 ± 0.72mm) (p=0.003, p<0.001). For the OHI group, improvements in mean PPD and mean PAL were also seen from baseline (2.29 ± 0.69mm, 2.79 ± 0.96mm) to the final visit (2.09 ± 0.72mm, 2.62 ± 0.97mm) (p<0.001).”

Comment 2
The frequency distribution of PPD < 4 mm before and after treatment in the two groups must be reported in the abstract
Response:
We have added the following (line 54-56): “At 3 months post-therapy, periodontal parameters improved significantly in both groups with sites with PPD < 4mm reported as 98 ± 1.8% in the NSPT group and 92 ± 14.9% in the OHI group.”

Comment 3
In the abstract and main body of the manuscript, the power of the study based on the per-protocol analysis should be reported.
Response:
We have added the following in the abstract (line 49-50): “15 subjects from the NSPT group and 17 from the OHI group completed the study (power of study was 80% for the NSPT group and 88% for the OHI group).”
The following sentence was added in the body of the manuscript (line 200): “This gave a power of 80% for the NSPT group and 88% for the OHI group.”

Comment 4
In the conclusion in the abstract, the phrasing "Both NSPT and OHI demonstrated similar improvements in other clinical parameters??, except plaque reduction mentioned in the previous sentence, must be replaced to avoid confusion. NSPT did provide better clinical improvements than OHI, if taking into consideration the frequency distribution of remaining deep pockets.
Response:
Thank you for your comment. We have removed the word ‘similar’ (lines 65-66).