Author's response to reviews

Title: Hmw: total adiponectin rations are low in HIV-infected women receiving protease inhibitors

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Author's response to reviews: see over
Dear Editor

Please find attached our responses to the reviewers comments and the list of amendments made.

Thanking you in advance

Prof Tahir Pillay

Responses to reviewers:

Reviewer 1: no changes required.

Reviewer 2:

Authors’ responses are in red. Thank you for your comments.

Major Compulsory Revisions:
1. Last sentence of abstract states HMW:TA may be a “more sensitive marker of insulin resistance” is unclear, I assume authors mean more sensitive than HMW or TA alone? This is based mostly on adjusted QUICKI model, so rephrase to be more clear.

   This assumption is due to the differences observed among the groups. The ratio is more significantly different among all groups. The assumption is also that the ratio is a more sensitive marker than traditional markers of insulin resistance. The sentences has been rephrased.

2. Intro. Authors mention d4T and AZT associated with lipodystrophy, but ddI is as well
   Thank you for your comments – this has been addressed

3. There is a general move away from “d-drugs” and AZT towards TDF/3TC as the NRTI component of ART in many countries in Africa. Would mention as a limitation that there was not a non d-drug arm
   Thank you for your comments – this has been addressed

4. A major contributor to lipodystrophy on ART is total duration of treatment. Would add interquartile ranges to median values of treatment duration and add this information to Table 1 (compare across groups)
   Thank you for your comments – this has been addressed

5. Similar to above, peripheral lipoatrophy and central lipohypertrophy contribute
to IR via different mechanisms, lack of method to quantify VAT / SAT should be mentioned as a major limitation of the study
Thank you for your comments – this has been addressed

6. Would like to see sensitivity analysis confirming that the adjusted model results remain once model adjusted for treatment duration – model will be overfit, but if results significantly different would need to explore further

Data was re-analysed and a new table created, showing correlations after adjusting for BMI and duration of therapy.
7. Would include some comment on why HMW:TA might be more closely associated with QUICKI than HMW or TA alone, while for HOMA all three measures remained statistically associated after adjusting for BMI

QUICKI analysis was repeated and an error in the analysis discovered. The changes for the ratio were similar to the other adiponectin parameters. See table 2
Minor Essential Revisions:
1. Title: need to define “HMW” This has now been defined
2. First sentence methods – is it “institutional” or “informed” consent? This has been amended