Author's response to reviews

Title: From Design To Implementation - The Joint Asia Diabetes Evaluation (JADE) Program: A Descriptive Report of An Electronic Web-based Diabetes Management Program

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Author's response to reviews: see over
9th April 2010
Dr Rikki Graham PhD
The BioMed Central Editorial Team

Dear Dr. Graham,

Re: MS: 1699931853100915: An Electronic Web-based Diabetes Management Program: From Design To Implementation: Joint Asia Diabetes Evaluation (JADE) Program

Thank you very much for your reply dated 25th March 2010. We are grateful that you and your Editorial board are interested in our paper and kindly agree to consider our re-submission. We values comments from the 2 referees and amended the paper accordingly. Please find a summary with point-by-point response.

We look forward to having your favorable reply.

Yours sincerely,

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Response to reviewers

Reviewer 1
Major Compulsory Revisions

The authors should discuss how their program addresses this probable legacy effect of glycemic control …

For now, it is reasonable to focus the intensity of lipid and blood pressure management …, since there is no significant evidence for a legacy effect of earlier tight control of these factors in patients diabetes. However, the authors should acknowledge that this potential legacy effect is still under investigation...

- Legacy effects of glycemic control, management of lipid and blood pressure are now discussed in p.7, last paragraph to p.8, 1st paragraph with 2 new references cited (ref. 31, 32).
- We apologize for not making ourselves clear on how to estimate the care level that is not based on the future 5-year complications risk, but using a risk engine which we have validated and reported previously (p.5, 1st paragraph). The care level is now further elaborated on p.5 last paragraph and p.6, 2nd paragraph.

The risk of complications over time may well inform and possibly motivate patients with diabetes to change to healthier behaviors or adhere to medications. This is a testable hypothesis for the JADE program. However, the authors do not discuss the literature studying the presentation of preventable risk to motivate behavior change in patients.

- We have now briefly discussed the potential association between complications awareness and motivation in self-care behavior with 2 new references (ref. 34, 35) cited (p.8, last 7 lines of 2nd paragraph).

Last, I cannot tell if the program may recommend different clinical targets for the ABCs of diabetes care (e.g. for many patients A1c < 7.0, blood pressure <130/80 and cholesterol-LDL < 100 mg/dl) depending on 5 year risk stratification. I don’t think the authors are intending such a modification of standard guidelines, but the manuscript is not sufficiently clear. Standards for these ABCs of care should be driven by evidence based guidelines derived from clinical trials. Targets for these ABCs should not be driven by a 5 year risk stratification protocol from an observational cohort. This needs to be clear in the manuscript.

- Our previous description was unclear. The treatment targets are based on standard guidelines as with most other management programs instead of being variable and they have nothing to do with future complications risk. This is now revised in p.8, first 6 lines of 2nd paragraph.

Reviewer 2

No further revision required.