Author's response to reviews

Title: A successful chronic care program in Al Ain-United Arab Emirates.

Authors:

Latifa M Baynouna (latifa.mohammad@gmail.com)
Amal I Shamsan (dr_shamsan@yahoo.com)
Tahira A Ali (tahiraasafali@hotmail.com)
Moza H Al Kuwiti (malkuwaiti@hotmail.com)
Lolowa A Al Mukini (Dr_lolowa@yahoo.com)
Thuraya A Al Ameri (thurayaali@hotmail.com)
Nico JD Neglekerke (nico.nagelkerke@uaeu.ac.ae)
Sanaa M Zein Al Deen (samaye_2@hotmail.com)
Hayat O Ahmad (H970a@yahoo.com)
Abdulkarim M Elkhalid (tabdulkarim@ahs.ae)
Alhusini I Al Husaini (aalhussaini@ahs.ae)
Ahmad M Abusamak (abosamak@hotmail.com)
Anthony D Revel (tonyrevel@gmail.com)
Fouad A Nour (aelnour@ahs.ae)
Nader M Ahmed (na_mustafa@yahoo.com)
Rowaya Al Dhahiri (raldahaheri@ahs.ae)
Tariq M Jaber (tariqgaber@yahoo.com)
Mhammad k Nazirudeen (mnazirudeen@ahs.ae)
Yahya O ZainAl Abdeen (yalabdieen@ahs.ae)
Aziza O Omar (azizaomar@gmail.com)

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Author's response to reviews: see over
Reviewer (1).

We are very grateful Dr Ovhed for his thoughtful and important comments and suggestions which were all very relevant. Our responses are (briefly) as follows

- More description given to the head of the tables. **Done**
- Limitation of the study now clearly described especially the fact that the project was carried out in a single city with a single coordinator.
- Statistics of the different centers. **Done (Table 3 (new))**
- Table 2 (now Table xxx) reorganized according to 3 groups with gender and age division
- More clarification to the setting part in Methods. We now included much more information about the setting including the prevalence of DM and HTN.

Reviewer (2).

We thank Dr Bailie for his extensive and detailed comments which were all extremely useful in revising and improving our ms. Our revisions are summarized below.

- SQUIRE guidelines were a great help in the writing of our original manuscript, although we did not conform exactly to their proposed structure. In our revised ms these guidelines are now more closely followed.
- Tables have to be self-explanatory. More extensive legends and other improvements should now make our Tables much easier to use.
- Statistical tests for tables 3 and 4? These tables are for descriptive purposes only and therefore statistical significance tests seem less appropriate. Statistical tests, however, were carried out for Table 5 as the improvements in indicators reported there are the main thrust of our ms.
- Referring to figures. Figures are now referred to in the text. In addition, we feel they are key in providing a quantitative background to our largely qualitative and narrative main text.
- Insulin use added
- Decline of measures. Important point! We now discuss the issue of sustainability in the context of these declines.
- Self management and its challenges is now more extensively discussed.
- Setting explained in method (as in our response to Reviewer 1, and added Table 3).
- More explanation about the pilot center covered in method and intervention.
- Different size centers explained in the text.
- Community base research is now explained and references have been included.
- Ownership discussed further in the end of discussion in the context of the sustainability of the intervention.
- Sampling covered in method
- Staff satisfaction discussed in the end of discussion
- Dedicated clinics, discussed last point in discussion
- 140/90 is the figure agreed upon in hypertension guidelines and was used for non-diabetic hypertensives only, while we agree that in diabetics 130/80 is the current target and was also the target used in the intervention.
- Abbreviations. We have now written in full all abbreviations used with the exception of those commonly known or mostly known by their abbreviation alone (e.g. LDL, HDL)