Author’s response to reviews

Title: Risk factors of metabolic syndrome among adult Sudanese sickle cell anemia patients

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Author’s response to reviews:

1. It was not clear whether the research was with all genotypes or only with the Hb SS genotype. In the title is SCA and throughout the SCD text. The authors should make clear when unlocking the title, in the text and in the tables that the genotypes were placed in the study (1).

All patients are Hb SS genotype as documented by hemoglobin electrophoresis. This have been added clearly in methodology section 80-81.

Responded Dr. Cordovil (2) - The error in the work persists. There is a big difference between sickle cell anemia and sickle cell disease. We call Sickle anemia only the Hb SS genotype, whereas sickle disease is all other genotypes (HbSS, HbSC, HbSD, HbStal etc.). So the description of the study is wrong because it is mixing different concepts. If the authors studied patients with HbSS, the discussion in the study should primarily be based on similar studies with patients with SCA. From a nutritional point of view patients with SCD may be very different.

Re write the discussion section based on reviewer recommendation

2. In the reference session, it is necessary to standardize them. Review one by one, according to the journal guidelines (1).
All references were revised to ensure matching with the guideline.


We write this reference to meet the standard.

3. Review all references in the text. For example, in the discussion (line 163-166) the text talks about waist circumference but reference number 8 is related to a study of SCD in children. Check the references in the text (1).

We checked and add the right reference.

Answer from Dr. Cordovil (2). Ok.

4. The waist circumference has different patterns. In Brazil, it is considered 94 cm for men and 80 cm for women. But you have put different references. That's right are the cut-point values you put in the latest international literature? (1)

Yes, they are. NCEP ATP III criteria suggested the cut-off points of waist circumference should be ethnic specific.
Dr. Cordovil 2 Response (2) - Waist 95 circumferences were measured to get three different readings at the level of the umbilicus, 96 between lower margin of the lowest rib and superior surface of the iliac crest, the mean value 97 was considered as a reference value. The tape was placed three times around the widest 98 area at the hip region to measure the hip circumference.

We edit the methodology section and new reference Ref No 3

5-Comment by Dr. Cordovil (2). Authors should submit the article without the comment session on the side. For the text is totally unconfigured.

We removed it

6- Comment by Dr. Cordovil (2). The authors should improve the presentation of layout/graph of the tables, as it is not satisfactory for publication.

Re reformat them and hope are satisfactory for publication

7- Comment by Dr. Cordovil (2). The authors should improve the Layout / Graphical presentation of the figures on pages 22 and 23. Identify the figures in a standardized way (example: sometimes "patients" are written), and put them below the tables as they are loose in the article.

We wrote HBSS and HBAA for more clarification

8- Comment by Dr. Cordovil (2). Make clear what the authors do with the Body Mass and the Stature harvested. At no point is he saying in the methodology that was used to calculate the BMI and neither were the cutoff points of BMI.

We added this in methodology section
Reviewer #2: Dear Dr. Kaddam,

You still need to increase the number of controls to become 30 in total matching the number of cases. It is not impossible to find 4 more healthy individuals with BMI matching that of patients. Without this fundamental correction, I am afraid your study will be unacceptably flawed and unfit for publication.

We increased the control number to thirty and redo the statistics.