Reviewer's report

Title: Interaction between Anaemia and Hypertension on Chronic Kidney Disease: A Survey for Patients with Hypertension and Diabetes Mellitus in Taiwan

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In my opinion has a number of methodological flaws:

1. The study parameters (anemia, kidney disease, hypertension) are not clearly defined.

1-a) ANEMIA: values are not defined anemia. The relationship: Anemia and Hypertension is clearly documented (Biju P. Clinical and Experimental Pharmacology and physiology 2008)

1-b) HYPERTENSION. Diagnostic methodology is defined. It is this clinical HTA HTA with AMBP ?. What is the range? 130/80 mmHg? Etc.

It is well known that:

Nocturnal hypertension or not clinical hypertension and daytime is the greatest risk factor for progression of Chronic Kidney Disease (Minutolo, Arch Inter Med 2011 Agrawall R; Kidney Int 2006, Davidson RA, ARCV Inter Med 2006)

o Nocturnal antihypertensive medication administration reduces cardiovascular events (Roush G. The Journal of Clinical Hypertension 2014 .Hermida DC JASN 2011)

Therefore, it is important to define the methodology for diagnosis of Hypertension and antihypertensive medication when it administers

1-C) CHRONIC KIDNEY DISEASE: I think it is not enough to define it by the MDRD formula. It is necessary to stratify progression by association with the Alb / creatinine (The HUNT II Study, JAMA 2007)

2. The relation to age, is a "confounding" relationship. from the Baltimore study (J Am Geriatr Lindeman RD Soc 1985) is already known that Chronic Kidney Disease is not parallel to the old. The relationship between aging and GFR is possibly due to a podocyte disease (JE Wiggins J Am Soc Nephrol 2005) and Age is the 7th cause of entry into renal replacement therapy (Chi-yuan Hsu, A. Arch Inter Med Go 2010)

In conclusion, I think the authors should review the methodology and define the main variables of the study and analyze the data again.