Author’s response to reviews

Title: Gout is associated with a higher risk of Chronic Renal Disease in Older Adults: A Retrospective Cohort study of U.S. Medicare population

Authors:

Jasvinder Singh (jasvinder.md@gmail.com)

John Cleveland (jcleveland@uabmc.edu)

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We thank the reviewers for their comments. Following are our point-by-point responses.

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Jasvinder A. Singh, MBBS, MPH; John D Cleveland

BMC Nephrology

Timothy Jansen, MD PhD (Reviewer 1): authors have made corrections in he updated version, clarified potential causes for worse CKD in gout (a huge number of patients from Medicare) and paper is ready for publication as it stands

Response: Thank you
Reviewer 2 (Reviewer 2): "REVISION ASSESSMENT FROM THE ACADEMIC PEER REVIEWER:

Has the author addressed your concerns sufficiently for you to now recommend the work as a technically sound contribution? No

Reviewer comments: The authors have responded satisfactorily to most of my comments. However, two issues remain:

Validity of using ICD9 to define kidney disease: Thank you to the authors for providing clarification providing this point. Inclusion of CKD stage 2 risks over-ascertainment of clinically significant CKD compared to the existing literature - this limitation should be specifically acknowledged in the discussion section.

Response: We have added this limitation to the limitations section.

“Inclusion of CKD stage 2 in our ICD-9 approach may also lead to over-ascertainment of clinically significant CKD compared to the existing literature that relies on estimates GFR or creatinine.”

Description of baseline characteristics: In the original manuscript, table 1 compared characteristics of those achieving the study outcome (CKD) and those who did not whereas the corresponding text compared those with and without the exposure (gout). My recommendation was that the table and text should both compare those exposed to gout and unexposed. The authors have done the opposite so that the revised text and table now both compare participants according to outcome (CKD) and added an appendix comparing according to gout status. It is more informative to compare at baseline according to exposure (gout status) as this is the best way to assess the comparability of the groups and potential for confounding in a cohort study. I strongly advise revising both the text and table 1 to compare according to exposure (gout status) and removing any comparison of characteristics according to outcome.”

Response: We have replaced table 1 with table of gout vs. no gout as instructed by the reviewer. We have replaced the text comparing gout vs. not gout. We have removed any comparison of characteristics according to outcome.