Author's response to reviews

Title: Burden attributable to Cardiometabolic Diseases in Zimbabwe: a retrospective cross-sectional study of national mortality data

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Dear Editors,

MS: 2120909076177931

Thank you for reviewing our paper and providing helpful comments. We have completed the minor revisions to the manuscript and responses to the reviewers’ suggested changes are outlined below and highlighted in the manuscript.

Reviewer Q1:
Although the WHO ICD-9 to 10 translation is applied, the authors note this as a limitation. Additional validation and methodological details (i.e. optimization vs. replication) details are necessary to fully understand any potential limitations to this approach.

Response:
The paragraph documenting the limitations of ICD-9 to ICD-10 conversion has been expanded to include the potential methodological details of ICD conversions and mortality data. Please see lines 281 to 285.

Reviewer Q2:
Details from this section (i.e. lack of any behavioural / medical / social predictors for the mortality projections) should also be included in the discussion as limitations. The authors might also consider adding a rational for their selection of 2015-2040 as the time period for their projections.

Response:
The lack of behavioural, medical and social predictors for the mortality projections have been included in the limitations, please see lines 269 to 271. Justification for the use of the mortality projection period has been noted from lines 164 to 166.

Reviewer Q3:
Beyond the discussion of tobacco, what can account for the increase in endocrine-related deaths beyond 2003 and the large fluctuation in the GAM models?

Response:
The discussion section has been expanded to include HIV associated endocrine deaths due to a antiretroviral therapy (ART) initiation. ART has been shown to cause adverse endocrine dysfunction, and as Zimbabwe’s national ART programme commenced in 2004, this is noted as a possible reason for the large increase in endocrine-related mortality. We also point out that HIV/AIDS is poorly documented on death certificates in Zimbabwe due to stigma, bias and under-reporting. Please see lines 214 to 224.

Reviewer Q4:
Figure 4: The time-axis is somewhat crowded. The authors may consider limiting axis labels to 5 year increments, and reducing the line and symbol weights of the CIs, which may be distracting to some readers.

Response:
The line and symbol weights of the CIs on the graphs have been reduced, and the time axis has been changed to have 5 year increments.

Thank you again for considering our manuscript in the BMC Public Health. We look forward to hearing from you

Kind regards,
Prof. Andre M.N. Renzaho