Author’s response to reviews

Title: Thyroid Dysfunction and Dyslipidemia in Chronic Kidney Disease Patients

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We would like to thank reviewers for their suggestions and comments

Reviewer #1:

1. We believe title of manuscript is fine, because the study also include subjects with CKD stage 3, which are not considered as advanced stage CKD.

2. Specific objectives of study have been added.

3. Though cardiovascular disease status was assessed, we did not collect information about the residency (rural or urban) of patients.

4. Pathophysiology of CKD disease and their association with thyroid dysfunction and dyslipidemia has been added in the background section.

5. Disorders that were included in cardiovascular disease are added in method section.

6. Total number of patients included in the study and the mean age of the entire population has been added in the first part of result section.

7. Discussion section has been explained and elaborated further.

7.1 The generalizability of study findings is added and discussed further.

7.2 Findings of study have been discussed further.
Limitations of study have been added.

Reviewer #2:

1. Reference for increased CVD risk with thyroid dysfunction and CKD has been added.

2. Reference has been added for thyroid and lipid disorder screening could slow CVD progression.

3. Thyroid dysfunction was defined on basis of TSH and T3 and T4 values, which has been further explained in method section.

4. P value was calculated among the CKD stage 3, 4 and 5. Chi square test, one way ANOVA and Kruskal Wallis test were applied depending on nature of variables.

5. Results already shown in tables have been deleted from text.

6. Results displayed in tables have been deleted in text.

7. TSH rise has inverse relation with T3 and T4, so rise in TSH cause lowering of T3 and T4. However, in the present study we observed significant relationship between TSH rise and CKD progression but insignificant relation between T3 and T4 with CKD progression though there was decrease in T3, T4 with CKD progression.

8. Results repeated have been deleted. Discussion has been included further on study results.

9. English language has been edited as much as possible.

10. Graphs may be used but since many variables are studied it seems better in tables that require less space.

11. TSH is expressed as median because of its non-normal distribution. This is added in text.

12. We think, table 2 is fine and clear. P value was calculated among different variables with CKD stages 3, 4 and 5.

13. There is not a particular aspect about CKD in Nepalese population. The findings can be extrapolated for other population too, however there may be slight variation in other population due to difference in various conditions of subjects. This has been added and discussed in the discussion section.

14. The data has been clearly shown in tables, so further explanation in graphs may not be required as no extra information would be revealed.

15. Thyroid dysfunction findings in CKD has been further discussed and explained.
16. Conclusion is rewritten focusing on the present study findings.