Author’s response to reviews

Title: Trends in Sex Differences in the Receipt of Quality of Care Indicators among Adults with Diabetes: United States 2002-2011

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Tim Shipley
BMC Endocrine Disorders

RE: BEND-D-16-00194

Dear Editorial Office:

We appreciate the opportunity to resubmit our revised manuscript entitled, “Trends in Sex Differences in the Receipt of Quality of Care Indicators among Adults with Diabetes: United States 2002-2011”. We have addressed the editor and reviewer comments and revised the manuscript as deemed appropriate. Please see our responses to each recommendation below in bold print.

Reviewer reports:

Giuseppina Russo (Reviewer 1): Re BEND-D-16-00194-Trends in Sex Differences in the Receipt of Quality of Care Indicators among Adults with Diabetes: United States 2002-2011
Introduction:

Add an introductive paragraph reporting on differences among diabetic men and women that comprises several aspects of genetics, biology, risk factors, cardiovascular risk and social aspects (Russo GT, Horvath KV, et al. Influence of menopause and cholesteryl ester transfer protein (CETP) TaqIB polymorphism on lipid profile and HDL subpopulations distribution in women with and without type 2 diabetes. Atherosclerosis. 2010 May;210(1):294-301; Kautzky-Willer A, Harreiter J, Pacini G. Sex and Gender Differences in Risk, Pathophysiology and Complications of Type 2 Diabetes Mellitus. Endocr Rev. 2016 Jun;37(3):278-316). We thank the reviewer for the comment. A paragraph has been added to the introduction briefly discussing differences between men and women with diabetes. Please see the introduction, pages 4-5, lines 14-27.

Results and analysis:

It would also be important to separate the analysis for type 1 and type 2 diabetes, since gender-differences in targets achievement and quality of care indicators have been reported to be different according to the type of diabetes. Furthermore, as shown in table 1, women were more prevalent in the 18-44 yrs group, suggesting that the "better quality of care" may apply to younger women, more likely to include type 1 diabetes. If it is not possible to perform a separate analysis according to gender and type of diabetes, then the percentage of subjects with T1DM and T2DM should be reported. If data is not available, this must be included among the limitations of the study and discussed accordingly. We thank the reviewer for the comment; however, MEPS data does not differentiate between type 1 and type 2 diabetes. Therefore, we are not able to perform the analyses by type of diabetes. We have added a sentence in the discussion indicating this as a study limitation. Please see the discussion section, top of page 12, line 13.

Discussion:

Please specify that the better quality of care found in women with diabetes apply to a specific and limited number of indicators, i.e, to visit a doctor, to receive blood pressure checks, eye and foot examinations. Although these are important aspects in the process of care of diabetes, they are not the only ones. Cardiovascular disease risk is particularly high in diabetic women and quality of care indicators should also include smoking habit, lipid profile and renal function. We agree with the reviewer that several aspects are included in the processes of care for diabetes. We have clarified this within the manuscript. Please see the discussion section, bottom of page 10, line 2.

At variance with data presented here, several lines of evidence indicate that diabetic women are at higher risk of receiving less medications and, overall, of failing to reach recommended targets in spite of a similar quality of care than men. This is an important issue that must be well discussed. We thank the reviewer for the comment. We have added additional information expounding on reasons why women might have higher odds of failing to reach recommended targets. Please see the discussion section, page 10, line 24 and page 11, lines 1-8.
Conclusion:

Conclusions must be mitigated "The results of our study are important and provide new information about sex differences in QoC among adults with diabetes" because of the limitations of the cross-sectional and retrospective design and the lack of information on intermediate indicators, that should be acknowledged among the limitations of the study. We thank the reviewer for the comment. The second limitation written in the text prior to the review included information about the other intermediate indicators; however, additional information has been provided on this specific study limitation in the discussion section on page 12, lines 18-21. Also, the conclusion has been revised accounting for the study design and study limitations.

We hope these visions are acceptable and look forward to the publication of our manuscript into your reputable journal.

Sincerely,

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