Author’s response to reviews

Title: Health-related quality of life in type-2 diabetes patients: a cross-sectional study in East China

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Author’s response to reviews:

Dear Editor and Reviewers:

We are truly grateful to yours and other reviewers’ critical comments and thoughtful suggestions. We feel lucky that our manuscript went to these reviewers as the valuable comments from them, which not only helped us with improvement of manuscript, but suggested some neat ideas for future studies. Based on these comments and suggestions, we have made careful modification on
Below you will find our point-by-point responses to the reviewers’ comments/questions:

1. As suggested by editors, we have referred to an English native speaker for editing and improved some expressions.

2. EQ-5D questionnaire has been previously validated in Chinese population? Several studies have used EQ-5d questionnaire to evaluate the level of Health-related quality of life in China. The following are some of the literature:
   


   We have also added the relevant content in Methods section, page 6, line 6.

3. As suggested by editors, we have added a reference publication for SPECT-CHINA in Methods section, page 7, line 17 as reference 12 and 13 as followed:


4. There is a high proportion of data loss due to the fact that many participants were reluctant to provide personal information such as marriage, education, etc. Besides, a lot of participants were not patient enough to accept the questionnaire. Some of them just picked up an option without understanding the questionnaire. We have described the data missing in detail in the Methods section, page 4, line 19-21.
5. As suggested by editors, we have added the method of FPG in the Methods section, page 5, line 21. Insulin was measured in the fasting state as well to calculate the HOMA-IR.

6. As suggested by editors, we have added the crude figures for gender, diabetes prevalence in the Results section, page 7, line 5-8.

7. As suggested by editors, we have added a new table in the article which is named Table 2. It showed that there was no significant difference in age between diabetes group and non-diabetes group. In the new-added table 4., we found that diabetes may be negatively associated with EQ-5D Vas after adjusting for age, gender, BMI, GDP, marital status and level of education. So we think that it would be no need to make a separate table for the the mix parameters including level of education, marital status and GDP between control group and diabetes group. It would be too cumbersome.

8. All the participants including diabetes patients have been screen-detected by FPG and HbA1c. The mean duration of diagnosed diabetes was 5.53±4.21 years.

9. As suggested by editors, we have added a new table in the article which is named Table 2. to compare QoL measures between individuals with newly-diagnosed diabetes and those with already-known disease.

10. Fasting insulin(FINS) was measured to calculate the HOMA-IR. Because FINS isn’t a good reflection of the differences between the two groups of insulin resistance. HOMA-IR is a better indicator for insulin resistance. However, we have added FINS in Table 2 as suggested.

11. As suggested by editors, we have added a new table in the article which is named Table 4.. In order to adjusted the difference in QoL for confounders, we used linear regression. The results were described in Table 4. The related discussion was in Discussion section, page 10, line 5-15.

Thank you again for your time and consideration. We hope that our manuscript could be considered for publication in your journal.

Best wishes,

You Lu