Author's response to reviews

Title: Awareness and practices regarding eye diseases among patients with diabetes: a cross sectional analysis of the CoDiab-VD cohort

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Author’s response to reviews:

To: Alexander Kokkinos
Editor, BMC Endocrine Disorders

Re: Manuscript BEND-D-17-00042

“Awareness and practices regarding eye diseases among patients with diabetes: a cross sectional analysis of the CoDiab-VD cohort”

Lazaros Konstantinidis*, Tania Carron*, Eva de Ancos, Léonie Chinet, Isabelle Hagon-Traub, Emilie Zuercher, Isabelle Peytremann-Bridevaux

Dear Alexander Kokkinos,

We thank you very much for the opportunity to submit a revised manuscript to BMC Endocrine Disorders (BEND-D-17-00042). We have carefully examined the comments made by the two reviewers, and addressed them all point-by-point. Comments were addressed fully with responses and changes in the manuscript. Please note that reviewer comments are shown in italics type and our response in plain type.
We believe that the changes we have made based on the reviewers’ comments have greatly improved the quality of our manuscript.

We thank you again for your suggestions and consideration of this resubmission.

Sincerely yours,

Lazaros Konstantinidis and Tania Carron, on behalf of all authors

Responses to Reviewer #1 comments

We would like to thank the reviewer for the introductory comments.

1. Authors stated that they opted for a more comprehensive approach of eye diseases in patients with diabetes. Did you evaluate the presence or absence of diabetic macular edema? Diabetic macular edema is an important clinical condition.

   This is an interesting issue. As this study was based on a patients’ self-reported outcome we considered that questions on more specific manifestations of diabetic retinopathy like macular edema or staging of their diabetic retinopathy would be difficult for patients to respond to, could confound them and distort the results. This type of information was therefore not considered in our study.

   This could be explored in a future study comparing actual ophthalmic findings with patients’ perception regarding the presence or absence of macular edema and the gravity of their diabetic retinopathy.

2. In the discussion section, authors described the reasons of the difference in the prevalence of diabetic retinopathy between the current data and previous reports. Could this difference explained by the extent of diabetic retinopathy? How about the classification of diabetic retinopathy such as simple diabetic retinopathy and proliferative diabetic retinopathy in these patients?

   As mentioned above, since this study was based on a patients’ self-reported data, we considered that questions on more specific manifestations of diabetic retinopathy could confuse patients and distort the results. So we have no results about the perceived classification of diabetic retinopathy of our patients. But as we used the unspecified term of “diabetic retinopathy” in the patient questionnaire, patients may have under-reported simple retinopathy, as suggested by the reviewer.

We have modified the discussion (page 14, lines 13-15), as follows:
“Moreover, considering that the vast majority of participants reporting diabetic retinopathy also reported having received ocular treatment for this condition, we may hypothesize that some participants falsely assume that they present diabetic retinopathy only if treatment is needed, for example in the presence of proliferative diabetic retinopathy or macular edema, therefore leading patients to under-report simple diabetic retinopathy.”

3. Authors showed that multiple eye diseases affected more often patients with type 1 diabetes than patients with type 2 diabetes. The reason should be described.

We have added the following sentence to the discussion section along with a relevant reference (page 13-14, lines 24-26, 1-2).

“More specifically, epidemiological studies have shown that the probability of retinal complications was higher in patients with type 1 than with type 2 diabetes: potentially vision-threatening retinal changes developed over time in up to 50% of patients with type 1 diabetes and 30% of those with type 2 diabetes (35).”

Responses to Reviewer #2 comments

We would like to thank the reviewer for the introductory comments.

1. The term knowledge score should be better replaced by the term awareness score.

The term knowledge score was replaced by the term awareness score throughout the text.

2. In Table 1, remove the parentheses from the title, remove Mean and SD from the first row and leave only age, since all numbers for the different characteristics are comparable ranging between 316 and 323, there is no need to state the exact numbers in the first column because it becomes too crowded.

We have modified table 1 according to the suggested changes.

Comments for the Editor:

In addition to responses to both reviewers’ comments, we have added the following sentence and reference to the discussion (page 15, lines 3-4):

“Finally, our results also showed that one in ten patients reported glaucoma; such results are in line with recent evidence suggesting that patients with diabetes are at greater risk of glaucoma (6), although it should be mentioned that the association between diabetes and glaucoma remains controversial for some authors (35)”