Author’s response to reviews

Title: Comparison of Health-Related Quality of Life (HRQOL) among Patients with Pre-diabetes, Diabetes and Normal Glucose Tolerance, Using the 15D-HRQOL Questionnaire in Greece. The DEPLAN Study

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Replies to Reviewers

We would like to thank the Reviewers for the time they spent on our paper, as well as for the encouraging comments regarding our work. Our replies to their comments are as follows:

Replies to Reviewer #1 (Izabelii Uchmanowicz) comments

We would like to thank the Reviewer for the time spent on our paper, as well as for the encouraging comments regarding our work. Our replies to her comments are:

Comment 1.
My main point is about changing the conclusions which seems to unclear. Maybe the authors may rewrite them. Would be grat to write practical implications that arise from this interesting study.

Reply 1.

A statement was added in the conclusion, highlighting practical implications of the findings of the study for everyday routine clinical care. In particular, it was added: “Thus, quality of life issues (in particular physical and psychological-emotional issues) should be investigated when people with pre-diabetes are diagnosed in everyday routine clinical practice, since their identification could potentially lead to more effective overall management of their condition.”

Replies to Reviewer #2 (Robin Emi Sugihara Miyamoto, Psy.D.) comments

We would like to thank the reviewer for the time he spent on our paper, as well as for the encouraging comments regarding our work. Our replies to his comments are as follows:

Comment 1.

The article is well-written. However, the scientific contribution of the study is not clear from the introduction or conclusion. The singular association between diabetes status and the QOL measure does not provide any specific information that would inform assessment or treatment. Essential question to answer would be how does this information change or inform current practice? It could be made more significant by comparing QOL in T2DM who were identified early on (as pre-diabetics) vs. those who were diagnosed with frank T2DM to see if there was a different in HRQOL.

Reply 1.

A statement regarding the practical significance of the study’s findings was added in the Conclusion: “Thus, quality of life issues (in particular physical and psychological-emotional issues) should be investigated when people with pre-diabetes are diagnosed in everyday routine clinical practice, since their identification could potentially lead to more effective overall management of their condition.”

Also in lines 174-177 it was stated that: “Patients with diabetes had a lower total HRQOL-15D score (0.8605) compared to the other two groups (0.9092 and 0.9008, for the NGT and pre-DM group, respectively, p<0.001 by Kruskal-Wallis analysis), while IFG and IGT participants had similar scores (0.9043 and 0.8946, respectively),” thus comparing the HRQOL of participants with T2DM with that of the other groups (the two pre-diabetic groups and the controls).

Comment 2.
It would be important to explain why this QOL measure was chosen and not combined with other assessment instruments or methods (i.e. exercise tolerance, monofilament testing, etc.).

Reply 2.

The HRQOL-15D measure was chosen for this analysis because that was the HRQOL instrument that had already been used in the DEPLAN study, where the pre-diabetic and NGT participants were derived from. A statement to that was added in the manuscript (lines 118-121): “The reason that this measure was used in the present study is that this is the HRQOL instrument that had already been used in the DEPLAN study where the pre-diabetic and NGT participants were derived from. No other QOL measurements were available for the DEPLAN participants.”.

Comment 3.

Lastly, by grouping those subjects with IFG and IGT into one group, you may be overlooking important differences between groups as evidenced by some of the results. I would rerun stats treating these groups separately, or excluded IGT from the analysis.

Reply 3.

The two pre-diabetic groups (IFG and IGT) were analyzed both separately as well as taking them as one single group of pre-diabetes in the present study. As stated in lines 178-181: “In post-hoc analyses, it was shown that there was a significant difference between the diabetic patients’ group and the NGT group (p<0.001) as well as between the diabetic and the IFG group (p=0.007). On the contrary, there were no statistically significant differences in the HRQOL score between any two of these three groups (NGT, IFG and IGT) (Figure 1).” Results of the analysis of the 4 groups (NGT, IFG, IGT, DM2) are shown in Table 2.

Comment 4.

There is a typo on line 172, should read "score" not "sore".

Reply 4.

The typo was corrected.