**Author’s response to reviews**

**Title:** General health status in Iranian diabetic patients assessed by Short-Form-36 questionnaire: a systematic review and meta-analysis

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**Author’s response to reviews:**

Dear Distinguished Editor-in-chief,

Thanks a lot for providing us with the unique opportunity of revising our manuscript. We have taken into full consideration all comments. We fully believe to have significantly improved the quality of our manuscript.

Looking forwards to your final editorial acceptance and publication.

Dr. Masoud Behzadifar,

On the behalf of all authors
Technical Comments:

1. Please change 'Introduction' to "Background".

   It has been done.

2. Please use initials to refer to each author's contribution in this section, for example: "FC analyzed and interpreted the patient data regarding the hematological disease and the transplant. RH performed the histological examination of the kidney, and was a major contributor in writing the manuscript. All authors read and approved the final manuscript."

   It has been done.

Editor Comments:

BMC Endocrine Disorders operates a policy of open peer review, which means that you will be able to see the names of the reviewers who provided the reports via the online peer review system. We encourage you to also view the reports there, via the action links on the left-hand side of the page, to see the names of the reviewers.

Reviewer reports:

Sheyu Li, M.D. (Reviewer 1): The systematic review based on epidemiological studies pooled the SF-36 scores of patients with diabetes in Iran. The major concern of the study is that SF-36 was designed to evaluate the general health status, but not specific to the quality of life. As the aim of the study is to investigate the quality of life in patients with diabetes in Iran, SF-36 is not an ideal tool for the study.

   We agree with this expert comment. We have reformulated the aim of the study and modified the article accordingly.
1. The study should follow MOOSE statement rather than PRISMA statement.

We have now followed the MOOSE statement.

2. As there is no control group in the study, the conclusion of the QoL being low was not fully evidence-based. The authors may wish to use the control from the case-control studies and the reports from other countries.

Thanks for this comment. We have both used controls from case-control studies as well as reports from other countries (the DAWN and MIND-2 DAWN follow-up studies).

3. The information of the included studies were very limited. To be noted, pooling young patients with newly diagnosed diabetes and senior ones with established cardiovascular disease made no sense to the audience.

We have now included further information available from those studies.

4. The authors did not differentiate type 1 and type 2 diabetes, which share diverse disease burden.

We have performed the requested analysis.

5. STROBE checklist may not be an ideal method for the quality assessment. Instead, ACROBAT-NRSI could be a better option.

We have used the suggested instrument.

6. Some information provided in table 1 may be typos, like 'mean' and 'duration'.

We have checked table and corrected it.

Marco Gallo (Reviewer 2): Comments to the Authors

The authors aim at describing the HRQoL among Iranian patients with diabetes through a systematic review and meta-analysis of Iranian studies utilizing the Short-Form-36 questionnaire. The topic is of interest (especially since many studies on this topic only pertain
Western countries), the manuscript is well formatted, and the methodology employed is good, so I think that the manuscript deserves publication. However, I have some comments that should be addressed.

Minor Essential Revisions

1) The findings of this study show that HRQoL in Iranian patients with diabetes is low, as stated by the Authors. However, in my opinion, the discussion lacks a deepened comments on these findings and on their hypothesized causes.

We have added this part as requested.

2) Furthermore, I think that the readers of the journal would appreciate a comparison with the findings about HRQoL from other contexts, such as:

- the general population in Iran (if available);

- HRQoL among Iranian patients suffering from other chronic diseases (eg: COPD, heart failure, depression…);

- HRQoL among patients with diabetes from other Countries (in Asia and in other parts of the world). I think that the Authors could find it useful the data coming from studies such as the DAWN and the DAWN-2, pertaining different countries from all-over the world:


We have added and discussed these articles as suggested.

2) The paper still needs a revision by an English native speaker since some orthographical and typographical mistakes in the text are still available, together with some phrases that are difficult to interpret, such as:

- Discussion, Lines 32-33: "When they are infected with a chronic disease, they at the very early stages of the disorder, experiencing less side effects and higher quality of life".

-Discussion, Lines 36-38: "The findings of this study indicate that diabetes has affected vitality and general health domains more seriously; hence these areas should be given more attention when treating diabetic patients."

Thanks a lot for this comment. We have had our paper revised by an English native speaker.