Author’s response to reviews

Title: Switching from glargine+insulin aspart to glargine+insulin aspart 30 before breakfast combined with exercise after dinner and dividing meals for the treatment of type 2 diabetes patients with poor glucose control - A prospective cohort study

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Response to Reviewers’ comments

Dear Dr. Muscogiuri,

We thank you for your careful consideration of our manuscript. We appreciate your response and overall positive feedback, and made modifications to improve the manuscript.
We hope that you will find the revised paper suitable for publication, and we look forward to contributing to your journal. Please do not hesitate to contact us with other questions or concerns regarding the manuscript.

Best regards,

Reviewer #1

However, some errors and typos still persist and should be cleared from the text, eg: 1) See paragraph "Insulin dose" in the Results section (quite difficult to understand); 2) "type 2 diabetes" in the discussion instead of T2DM; 3) Some punctuations that should be changed.

Response: We thank the Reviewer for the comment. The manuscript was proofread.

Furthermore, among the inclusion criteria of the new version of the manuscript, the criteria "HbA1c >6.5 % but <11.0%" appears (instead of "HbA1c >7.5 % but <11.0%" of the previous version). This means that people with a HbA1c 6.5%-7.5% were considered "with poorly controlled blood glucose levels" to the purposes of the study. Therefore, it is hard to evaluate if the new insulin regimen was better than the original one, since the target HbA1c level for the new regimen was set to 7.5%.

Response: We thank the Reviewer for the comment. Some patients with at least one postprandial blood glucose (PG) >11.0 mmol/l had fasting HbA1c of 6.5-7.5%. Table 2 shows that 22.5% of patients with HbA1c <7.5% at baseline and the new regimen improved their control rate to 58.7%.
Reviewer #2

I am afraid to tell you that despite the major changes that have been made to the research paper, my concerns about the inconsistencies of the study still persist.

The significant difference between the treatment group and control is predictable and does not add anything new to current knowledge in the field.

Response: We are sorry for this. We agree that our results could have been predicted, but they had nevertheless to be confirmed in actual patients. Our results showed that for patients with poorly controlled T2DM under the 1+1 regimen, switching to glargine+insulin aspart 30 before breakfast combined with exercise after dinner and dividing meals showed promising benefits. This strategy avoids the need for the 1+3 regimen, which is usually associated with poor compliance. Of course, the exact benefits and compliance of switching to glargine+insulin aspart 30 before breakfast combined with exercise after dinner and dividing meals will have to be examined in a formal randomized, parallel group clinical trial.