Author’s response to reviews

Title: Self-Reported Hypoglycemia in Adult Diabetic Patients in East Gojjam, Northwest Ethiopia: Institution Based Cross-Sectional Study

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Author’s response to reviews:

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Subject : Submitting Revised Manuscript after Reviewers’ comment

SUMMARY OF RESPONSES TO THE PEER REVIEWERS’ COMMENTS

We named here under, submitting revised manuscript titled “Self-Reported Hypoglycemia in Adult Diabetic Patients in East Gojjam, Northwest Ethiopia: Institution Based Cross-Sectional Study”. This manuscript is revised as follows according to editor’s and reviewers’ comment.

Point by point response

For Editor,

Thank you,
We have corrected all the comments given by you and the reviewers and are listed point by point in the following paragraphs.

For Reviewer #1

1. Reviewer’s comment
In table 2 I suggest to describe by separate the treatment of patients with type 1 and type 2 diabetes. It seems that OHA in patients with type 2 diabetes refers to glibenclamide and metformin, is that correct?
Authors’ Response
Thank you reviewer,
- The type of treatment for all type 1 diabetes patients is NPH insulin and the type of treatment for type 2 diabetes is described separately.
- OHAs in type 2 diabetes patients refer to metformin and glibenclamide either alone or in combination. These were the only types of OHAs available for all patients in the study area. There were no patients taking other groups of OHAs.

2. Reviewer’s comment
The authors state that the diabetes related complications were obtained from patients’ medical records. Due to the study was performed in a single institution; I encourage them to describe how these complications are usually evaluated in their hospital.
Authors’ Response
Thank you, we have included it in the methods section under the subtopic of “Data collection and Quality Control Methods” lines 165-168.
Diabetes related complications and comorbidities are usually evaluated by the physicians, nurses and optometrists working in the hospital and are documented on the patients chart after bi-annual or annual blood pressure measurement, foot examination, serum creatinine determination and eye examination.

3. Reviewer’s comment
I suggest adding how the p value was obtained in tables 3-5.
Authors’ Response
Thank you reviewer,
For tables 3 and 4, we used chi-square test or fisher’s exact test where appropriate. It is stated on the manuscript under the subtopics of “Diabetes-related characteristics and chronic complications in participants” lines 198-199 and “Frequency of Hypoglycemia” lines 221-222.
For table 5, we used binary logistic regression. 14 variables were entered to the final analysis. As it is stated on line no 230-235 from 14 factors only 4 of them were significant. That means 10 of them were used to adjust them. And it was already stated on the first and the second paragraph under the subtopic of “Factors associated with hypoglycemia”

4. Reviewer’s comment
The authors must explain if data presented in figure 1 are statistically different among patients with type 1 and type 2 diabetes.
Authors’ Response
Thank you, we have described it under the results section on subtopic of “frequency of hypoglycemia” lines 206-210.
We describe the statistical differences among patients with type 1 or type 2 diabetes with p value after proportion calculation in the text.

5. Reviewer’s comment
In the discussion section, the authors must add to the limitations of the study the majority of the
patients didn’t confirm the hypoglycemia with capillary glucometer so they could also be reporting symptoms without being a real hypoglycemia (relative hypoglycemia).

Authors’ Response
Thank you, we have included it in the limitations section lines 303-305
Some of the patients didn’t confirm all episodes of hypoglycemia with capillary glucometer, so they could also be reporting symptoms without having a blood glucose level of below 70 mg/dl.

For Reviewer #2

1.

Reviewer’s comment
The authors commented on the reasons of the increased percentage of (53.6%) of type 1 diabetes mellitus. However, it is not added in the text and I suggest that there should be a reason explaining the unusual findings.
Authors’ Response
Thank you reviewer, we have included it in the discussion section lines 283-286
The proportion of type 1 diabetes is higher than seen in other areas because 1) the study was conducted in a semi-urban area where most of the patients were poor farmers having diabetes mellitus since childhood 2) might be related with childhood viral infections 3) Additionally, in an area where obesity is not common prevalence of type 1 diabetes might be greater than type 2. These all factors might result in high number of type 1 diabetes when compared with type 2.

2.

Reviewer’s comment
Also, the rest of the responses of the authors regarding the methods of diagnosing hypertension and retinopathy should also be added to the text.
Authors’ Response
Thank you, we have included it in the methods section under subtopic of “Data collection and Quality Control Methods” lines 165-168.
Diabetes related complications and comorbidities are usually evaluated by the physicians, nurses and optometrists working in the hospital and are documented on the patients chart after bi-annual or annual blood pressure measurement, foot examination, serum creatinine determination and eye examination.

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