Author’s response to reviews

Title: C-reactive protein and interleukin-6 levels among human immunodeficiency virus-infected patients with dysglycemia in Tanzania

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RE: A POINT BY POINT RESPONSE TO THE COMMENTS

Reviewer 1: Comments

Comment 1: The authors need to add the discussion about the mechanisms how the high CRP contribute to glycemic status in PLHIV having undetectable viral load.
Response 1: The discussion section has been updated with more information on how high CRP (inflammation) contributes to glycemic status. (Discussion section; paragraph 3, line 11-16 Page 10)

Comment 2: It is also necessary to discuss about the mechanisms how stavudine deteriorate glycemia in the participants. Response 2: Included mechanisms on how stavudine deteriorates glycemia in the discussion section. (Discussion section; Paragraph 5, line 5-12. Page 11)

Comment 3: The study number granted by the Ethics Committee should be presented.
Response 3: We have included study numbers from Moi Teaching and Referral Hospital (0001963), and the Senate Research Committee at Muhimbili University of Health and Allied Sciences (2017-12-06/AEC/Vol.XII/86) (Declaration section, line 5. Page 13)

Comment 4: The explanation of results in Table. 3 should be added.
Response 4: We have included more explanation on the results. (Bivariate analysis section, Page 8)

Comment 5: In abstract, ART should be spell out at the first appearance.
Response 5: This has been updated (Abstract section, line 7. Page 2)

Comment 6: T2DM should be type 2 diabetes. Check line 13-14 and Table 2. Parent type 2 diabetes, not type II.
Response 6: This has been updated (Background section, line 6. Page 3 and Table 3, Page 23)

Comment 7: ART should be anti-retroviral. See line 6.
Response 7: The word ART has been defined at first use in the manuscript. (Background section, line 1. Page 3)
Comment 8: IL-6 or IL6? Please unify.
Response 8: The acronym Interlukin-6 is unified to IL-6

Reviewer 2: Comments

Comment 1: Methods: Does this sample size represents the whole country, Tanzania? Is there other HIV center in the country?
Response 1: Yes, there are several HIV centres in the country however they all adhere to the same guidelines and are standardized to provide almost similar care. therefore this results may represent what is being done in other sites. This clinic is one of the clinics with high patient output in Dar es salaam.

Comment 2: Regarding exclusion criteria, do you exclude rheumatological diseases as they may have high level of C-reactive protein and interleukin-6 during the course of the disease.
Response 2: We did not exclude participants with rheumatological disease, however we collected information on the presence of any other chronic diseases. None of our sample patients had a history of rheumatological disease.

Comment 3: Results: The number of participants with dysglycemia is 79(33%) but the total of{IFG 28(20%), IGT 26(11%) and T2DM 2(0.8%)} is 76 not 79.
Response 3: The number of participants is updated to 76(32%). (Result section, line 12. Page 8. And Table 2 line 1. Page 21)

Comment 4: Is there any T1DM among the study group as you included participants with an age of 18 year and above?
Response 4: We did not test for type 1 diabetes, we only tested for type 2 diabetes.

Comment 5: In table one the systolic and diastolic blood pressure should be ≥140 and ≥90 respectively.
Response 5: Both systolic and diastolic blood pressure cut off levels have been included on the table. (Table 1, page 20).
Comment 6: Discussion: It is better to add the comparison of the prevalence of dysglycemia and the level of C-reactive protein and interleukin-6 in the study with international studies conducted outside Africa.

Response 6: We have included a comparison of international study (Discussion section; paragraph 3, line 14-24).

On behalf of Authors, I submit the revised manuscript and comments for your consideration.

Yours sincerely,

Lilian Nkinda, Corresponding Author.