Author’s response to reviews

Title: Cardiovascular Risk Factor Burden in Africa and the Middle East Across Country Income Categories: A post hoc analysis of the Cross-Sectional Africa Middle East Cardiovascular Epidemiological (ACE) study

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1. In abstract, the period of data collection should be mentioned

The data for the ACE study were collected between July 2011 and April 2012 and this has now been included in the abstract on Page 1.

2. The changes in the conclusion towards national strategies are not sufficient:

   a) In the discussion next, to care and early identification of CVD risks in primary care, the authors also refer to lifestyle choices. From policies, and based on the results presented, health promotion is important with respect to obesity, diabetes, smoking, etc… and this should be given in a clearer way in the conclusion. With respect to primary care, the equal access is another issue.

Thank you for your comment regarding our conclusion. We agree that lifestyle management is an important component of managing the CVD risk factor burden. The decreased intake of salt, the encouragement of a healthier lifestyle and exercise to reduce the burden of obesity and
diabetes mellitus, and education in order to reduce the prevalence of smoking will all individually, and collectively, help in the reduction of the associated CVDRF burden. Different policies and resources will be required to address the different aspects of access to primary care in countries of different incomes, however as we demonstrate there is a high CVDRF burden across countries of all income levels. We have added this in the text of the conclusion section on Page 11-12.

b) No reflection is made if public health policies should be different by level of income position a country => does moving from low income to high income brings new health risks that could be avoided by introducing measures simultaneously.

Thank you for your comment regarding the approaches to public health policies. We feel that an awareness and education regarding CVDRFs will be equally applied to high and low income countries; however policies regarding the facilities and the resources required to prevent and manage CVDRFs will differ depending on income level. For example HI countries may already have facilities in place for CVDRF management, whereas facilities may have to be introduced in LI countries. We have added text to reflect this point in the conclusion on Page 11.

3. Lay-out of table 2

a) For the continuous variables, bring the value of the median at the same line of the term “median” and bring the (25th and 75th percentile) on the next row.

b) Starting from the variable HDL-C, the values of in the different columns are aligned. Thank you for your comments, the changes have been made to the table.