

## Format for ANSWERING REVIEWERS



December 8, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 15116-review.doc).

**Title:** Diabetes, diabetic complications, and blood pressure targets

**Authors:** Cristiana Catena, GianLuca Colussi, Francesca Nait, Gabriele Brosolo, Leonardo A. Sechi

**Name of Journal:** *World Journal of Hypertension*

**ESPS Manuscript NO:** 15116

The manuscript has been improved according to the suggestions of Editor and Reviewers.

### **Editor**

1 Manuscript is submitted as .doc

2 Changes made according to suggestions of reviewers have been highlighted in the revised text

3 Signed Copyright form has been added

4 DOI of references has been added

### **Reviewed by 00043561**

#### Comments to Authors

This editorial manuscript titled "Diabetes, diabetic complications, and blood pressure targets" successfully summarized the status of current understanding of blood pressure targets in subjects with diabetes. This issue is relevant to many recent meetings as well as publications.

**AU.** We thank the Reviewer for his/her comments.

### **Reviewed by 02704605**

#### Comments to Authors

It well known that the relationship of diabetes and hypertension is a vicious circle of promotion. Moderate blood pressure control in hypertensive patients with diabetes is highly beneficial for prevention of cardiovascular events. What the BP target should be is still up for debate. The editorial shows a brief comparison. Deep comparative analysis of your editorial should be shown. Whether the difference of age, health conditions, target organ damage and other factors should be considered before setting the BP target.

**AU.** We thank the Reviewer for his/her thoughtful suggestion. As requested, we have added to the revised manuscript a paragraph in which we have discussed how age, health conditions, organ damage and additional factors might affect the choice of blood pressure target in diabetic patients (page 5, lines 12-26:

"The writing of guidelines is a difficult task and in the case of hypertension a myriad of factors can contribute to definition of blood pressure targets that should be reached with treatment. Frequency of disease and its complications is variable in different populations and, for instance, incidence of diabetes increases at different rates around the world. Also the impact of disease on organ complications and pattern of comorbidities are largely different explaining why the evidence obtained in randomized clinical trials often translates in different recommendations. Variability in drug responses among different populations, urbanization, availability of resources, and, last but not least, vested interests of governments or industry can have relevance [34]. Overall, the old tenet that one size does not fit all holds well when discussing blood pressure targets. And this is particularly true in diabetics in whom age, comorbidities, different types of organ complications have serious impact on treatment choices. For instance, elderly patients have no evidence of benefits when systolic blood pressure is reduced below 140 mm Hg [21]. And in this view, specific consideration deserve diabetic patients with proteinuric nephropathy who notoriously are at very high risk of cardiovascular events and based upon the results of systematic reviews [35] guidelines still recommend a target blood pressure of less than 130 mm Hg."; references 34 and 35 have been added).

Thank you again for publishing our manuscript in the *World Journal of Hypertension*.

Sincerely yours,



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