

To whom it may concern,

Thank you very much for the very valuable comments, which I took into consideration.

In response to Reviewer

The following was stated:

This new research article has been carefully examined. My major questions are summarized below:

1. This work is similar to a Public Health Summary, which should be useful for Preventive Medicine. Therefore, one should be able to use the presented data to propose potential interventions.

The comment is highly appreciated and accordingly some statements were added to the Discussion section highlighting some potential interventions.

For example:

Accordingly, patients with diabetes mellitus needs nutritional counseling in order to attain an optimal body weight. Furthermore, patients who are overweight (BMI between 25 and 29.9 kg/m²) or obese (BMI \geq 30 kg/m²) should reduce their body weight by at least 5 to 10% [14]. In addition, based on the AACE recommendations, weight loss should be considered in patients who are known to be are known to be overweight or obese and have pre-diabetes as a preventive treatment [14].

As for the screening for complications, the following was added in the Discussion section:

This point to the need for physicians to stress on screening for diabetes complications in order to detect them as early as possible and to treat them as early as possible.

Some proposed interventions were already mentioned in Discussion section such as:

“This again shows the need to have more proper control of hypertension, in patients with diabetes mellitus.”

With this in mind: a. What percentage of patients fulfill the WHO definition of obesity, e.g. body mass index \geq 30.0 kg/m². What percentage of individuals with obesity had complications? Is treatment of obesity a potential important intervention?

This was added to results section: 23.8% of our female participants had BMI \geq 30, and 47.9 % had BMI between 25 and 29. 25 % of our male participants had BMI \geq 30, and 50 % had BMI between 25 and 29.

Is it known what percentage of smokers had been offered a smoking cessation program? Is treatment of nicotine addiction a potential important intervention?

Study did not tackle this question.

2. In Table 1, one presently cannot determine the percentages of patients receiving oral therapy for diabetes, receiving insulin, or receiving both.

The following was added to Table 1:

Treatment of Diabetes	
Diet and exercise alone	10 (1.7%)
Oral Glucose Lowering Drugs (OGLD)	421 (70.7%)
Insulin treatment	22 (3.7%)
OGLD treatment + Insulin treatment	124 (20.8%)
Other (No OGLD - No insulin - No diet)	18 (3%)

In response to the minor questions:

1. Treatment of “lipids” or treatment of “dyslipidemia”?
As suggested, in the table, this was edited to treatment of lipids.
2. Numbers at the beginning of sentences should be written out: e.g. Forty seven not 47.
This was edited as suggested.
3. Diagnoses in the middle of a sentence are not capitalized: “hyperlipidemia” not “Hyperlipidemia”.
This was edited as suggested.
4. Page 13, paragraph 2, sentence 1 starting with “Despite clinical practice guidelines” is not a complete sentence.
This was edited as suggested.
5. In Table, the brackets are backwards in “Time since diabetes diagnosis”.
This was edited as suggested.