

Response Letter

1. **Comment:** References in this review article are biased. Authors should cite more reliable articles.
Response: References have been added in the manuscript.
2. **Comment:** Authors should demonstrate the relationship between macrovascular diseases and HbA1c.
Response: The relationship between macrovascular diseases and HbA1c was included in page no 13 of the manuscript.
3. **Comment:** In the 2nd paragraph of ADA criteria [1997] & WHO criteria [1999] section, authors described "FPG from 140 to 7.0 mmol/L". Is the Unit of 140 is mg/dl?
Response: The unit for FPG was modified.
4. **Comment:** The manuscript would substantially benefit from additional tables summarizing the studies analyzed (i.e. on HbA1c).
Response: A table summarizing the studies related to HbA1c been included at the end of the manuscript.
5. **Comment:** Acronyms need to be consistently reported throughout the text. Manuscript should be carefully checked for typos and minor inconsistencies (i.e., criteria in running title)
Response: These have been rectified in the manuscript.
6. **Comment:** Check references for correctness (see #12, #35).
Response: References 12 and 35 have been cross checked and found to refer to the relevant articles.
7. **Comment:** The text of the manuscript is too lengthy and wordy. A reduction between 10-15% would improve the perusal by the readers.
Response: The text of the manuscript has been reduced.
8. **Comment:** The text should be supplemented with an appropriate list of abbreviations to facilitate the meaning of the paragraphs.
Response: List of abbreviations has been included.

9. **Comment:** The authors should pay much attention to correct the appropriate separation of sentences after a colon in the paragraph.

Response: This has been modified in the text.

10. **Comment:** There are some typographic mistakes along the text. In particular, the 140 value on page 7, line 10 should be corrected.

Response: This was changed in the text.

11. **Comment:** The organization of Table 1 is confusing. It should be edited again, better in a horizontal style.

Response: The table 1 has been edited.

12. **Comment:** Although the text is interesting, I think that the first 9 pages could be significantly reduced, showing the conclusions of such evidences and pointing out the difficulties.

Response: The text has been reduced.

13. **Comment:** In the Abstract, last sentence may be rephrased since the uniformity of criteria for diagnosis exist (blood glucose and HbA1c levels), then the main problem, as the authors mentioned in the discussion, is the identification of prediabetes.

Response: The abstract has been modified.

14. **Comment:** In conclusions, since the values of the actual criteria for prediabetes overlap with those of non-diabetic patients (normoglycemic), result of great relevance the use of new criteria that allow to identified people with high risk to develop diabetes and then the complications associated (prediabetes). Do the authors could propose something?

Response: Only the evidence for current diagnostic criteria for diabetes has been described in this review. We do not propose any specific glycemic threshold here.

15. **Comment:** Page 4, paragraph 2, last sentence is somehow confuse. Page 5, last paragraph: well conducted studies...., suggest that the others were not well done? Page 6, line 4-5, is confuse to me. Page 7, line 3, please indicate the Nation; also, on which bases these patients were diabetic diagnosed? Page 7, paragraph 2, 1st line, is not clear to me what does "FPG from 140 to 7 mmol/l" means? Page 11, 1st paragraph, and last sentence in the page, indicate the references of the

studies. Page 13, last line should be eliminated. Page 17, last paragraph indicate reference of the NHANES study. Page 19, end of paragraph 3, which are the units of the values presented? % ?

Response: Appropriate changes incorporated as suggested.