

Giannaki et al. World Journal of Nephrology: response to the reviewers

Ref: Revision of the original article entitled “Restless legs syndrome is contributing to fatigue and low quality of life levels in hemodialysis patients”.

Dear Editor,

We wish to thank all the reviewers for their time and effort to review and comment on our paper. Our manuscript has been modified following all the issues raised by the editorial board and the reviewers to a point by point fashion.

I hope that with these modifications, the paper will be suitable for publication in the World Journal of Nephrology.

Thank you in advance

Yours sincerely

Giorgos K. Sakkas (ID 00503201) (on behalf of all authors)

## Response to the Reviewers

On behalf of the authors, Christoforos D. Giannaki (CDG): We thank all the reviewers as well as the editorial board for their valuable comments.

### Reviewer # 1

The authors compared QOL, fatigue, sleep quality, daily sleepiness and depression symptoms of HD patients between with and without restless legs syndrome (RLS) and concluded HD patients with RLS are lower QOL and great fatigue compared to HD patients without RLS. The paper is well written but has some errors to correct. 1. page 10, line 6: “RLS symptoms and before” should be corrected to “RLS symptoms before” 2. page 13, line 9: “RLS symptoms and before” should be corrected to “RLS symptoms before” 3. References: The style of references in your paper is somewhat different form that of this journal. Please check again the instructions for author of this journal and revised all references. For example, No.1 “Kidney Int. 2014: 1275” should be corrected to “Kidney Int. 2014; 85: 1275-1282.”

CDG: We would like to thank the reviewer for the supportive comments. All errors indicated by the reviewer have been corrected to the manuscript. In addition, all references have been corrected according to the instructions for authors as suggested.

### Reviewer # 2

Minor English revisions in recommended

CDG: Paper has been reviewed by a native English speaker.

Methodology: 1; 85 patients from how many in total, participated?

CDG: It has been corrected as suggested: “Eighty five out of 102 HD patients volunteer to participate in this study. “

2; How they got participated; have you included all of those who gave consent?

CDG: After a brief discussion of the purpose of the study and the procedures to be followed, the patients who voluntarily agreed to participate to the study and gave written informed consent included in the cohort.

3; It is conventional to say what methods used (ELISA or so), what chips and/or instruments and of what manufacturers have been used

CDG: More information were included as suggested: “The patient’s routine monthly laboratory results were recorded including iron (photometry), ferritin (spectrophotometry, Beckman Coulter AU 680 Chemistry Analyzer), hematocrit, haemoglobin (sodium lauryl sulfate (SLS) method), albumin (photometry) and parathormone (chemiluminescence, ARCHITECT assay, Abbott Laboratories, Wiesbaden, Germany). The biochemical analysis

was performed at the clinical labs of the affiliated hospitals under standard hospital procedures.”

4; You may give units for your measurements (e.g. Hgb mg/dL and so forth)

CDG: Included as suggested

Results 5; You would be needing a table summarizing the patients’ demographics, and also compare them between the two groups

CDG: Unfortunately, we did not record further demographics-related data.

6; Patients data better be censored/controlled for the age, gender, time on dialysis, comorbidities, cause of ESRD (especially diabetes and HTN versus GN and other less wide spectrum diseases using multivariable analyses

CDG: A multivariate analysis was performed with age, gender, time of dialysis, cause of ESRD and comorbidities (Diabetes, Hypertension) as covariates. The further analysis did not change the outcome of the study, and therefore we did not include them into the manuscript for simplicity reasons.

7; It would be nice if you give Odds ratio (95% confidence interval) for your analyses

CDG: Includes as suggested

8; The questionnaires have important subcategories. Giving only the total score and compare them between the groups would waste the important data you may get from. For example, SF-36 has 8 subcategories each representing a particular aspect of the questionnaire. I recommend you give tables and represent all these subcategories also.

CDG: We thank the reviewer for this suggestion. The data regards the subcategories of the SF-36 questionnaire have been added to the analysis and are discussed in the text accordingly. In addition, a new table (Table 3) has been created in order to include all the subcategories of the SF-36 questionnaire.