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Thu, Jan 16, 2020 at 6:02 AM

To: budi-s@ff.unair.ac.id



### Deutsche Version unten

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Intravenous insulin therapy in diabetes mellitus with hyperglycemic crisis and intercurrent illness

Journal of Basic and Clinical Physiology and Pharmacology

[10.1515/jbcpp-2019-0337](https://doi.org/10.1515/jbcpp-2019-0337)

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Intravenous insulin therapy in diabetes mellitus with hyperglycemic crisis and intercurrent illness

Journal of Basic and Clinical Physiology and Pharmacology  
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budi suprapti &lt;budi-s@ff.unair.ac.id&gt;

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Fri, Dec 20, 2019 at 3:58 AM

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11 December 2019

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2 messages

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**Appelt, Katharina** <Katharina.Appelt@degruyter.com>  
To: "budi-s@ff.unair.ac.id" <budi-s@ff.unair.ac.id>

Tue, Dec 10, 2019 at 8:09 PM

10 December 2019

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**budi suprapti** <budi-s@ff.unair.ac.id>  
To: budi suprapti <budi-s@ff.unair.ac.id>

Fri, Dec 20, 2019 at 3:59 AM

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**Your manuscript ID JBCPP.2019.0337.R1 - submission confirmation**

1 message

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**Journal of Basic and Clinical Physiology and Pharmacology**

Thu, Nov 28, 2019 at 6:24 PM

&lt;onbehalf@manuscriptcentral.com&gt;

Reply-To: jbcpp.editorial@degruyter.com

To: budi-s@ff.unair.ac.id

28-Nov-2019

Dear Dr. suprapti,

The revision of your manuscript entitled "Intravenous Insulin Therapy In Diabetes Mellitus With Hyperglycemic Crisis and Intercurrent Illness" has been successfully submitted online and is presently being given full consideration for publication in Journal of Basic and Clinical Physiology and Pharmacology (JBCPP).

Your manuscript ID is JBCPP.2019.0337.R1.

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Thank you for submitting your manuscript to JBCPP.

Kind regards

Ms. Katharina Appelt

Journal of Basic and Clinical Physiology and Pharmacology

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**JBCPP.2019.0337 - DecisionAccept with Minor Revision**

1 message

**Journal of Basic and Clinical Physiology and Pharmacology**

Sun, Nov 24, 2019 at 1:09 PM

&lt;onbehalf@manuscriptcentral.com&gt;

Reply-To: jbcpp.editorial@degruyter.com

To: budi-s@ff.unair.ac.id

24-Nov-2019

Dear Dr. suprapti:

Thank you again for submitting your manuscript ID JBCPP.2019.0337 entitled "Intravenous Insulin Therapy In Diabetes Mellitus With Hyperglycemic Crisis and Intercurrent Illness" to Journal of Basic and Clinical Physiology and Pharmacology (JBCPP). Your manuscript has been reviewed and can be conditionally accepted if you are prepared to incorporate the minor modifications as suggested below.

Please log into <https://mc.manuscriptcentral.com/jbcpp> and enter your Author Center, where you will find your manuscript title listed under "Manuscripts Awaiting Revision". Under "Actions", click on "Create a Revision". Your manuscript number has been appended to denote a revision.

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Once again, thank you for submitting your manuscript to JBCPP. I look forward to receiving your revision.

Kind regards

Dr. Elida Zairina

Guest Editor, Journal of Basic and Clinical Physiology and Pharmacology

Reviewer(s)' Comments to Author:

Reviewer: 1

Comments to the Author



The manuscript describes the efficacy profiles of i.v. insulin for T2DM patients. The study design and sufficiency is sound and clear.

minor revision:

1. the author should be clearer in making a statement in the discussion, whether it is a theory or their findings.
2. please be consistent in using <type 2 DM>, <T2DM>, <type 2 diabetes mellitus>, or <DM2>. use only one term for the whole manuscript except for the first appearance.
3. it is too over-conclusive stating that Interprofessional collaboration is needed in patient care to prevent unwanted adverse drug reactions of insulin. Since there is no data related to this statement, the author should rearrange the future prospect in the conclusion section that is still relate to the data.

Reviewer: 2

Comments to the Author

Overall, the topic is interesting and relevant to current practice. There are some suggestions to improve the quality of manuscript as follow:

**Abstract**

1. There are some grammatical and structural errors found, for example "As an efforts to attain"... "an effort"; "This study aims to"... "aimed to"; "It was a cross-sectional study conducted on type-2 diabetic patients". The inclusion criteria were hospitalized in the general/internal medicine ward with or without complications or comorbidities, received IV insulin therapy, and had pre- and post-blood glucose levels. Patients with... were excluded. etc)
2. Results should be re-worded in English structure and described in past tense. If your objective was to describe insulin regimen, you may describe types of IV insulin administered to patients, doses and frequencies, e.g. insulin Actrapid 4 to 10 IU per hour administered one to four times to control blood glucose levels.
3. In conclusion, you stated about interprofessional collaboration of health care professionals.. is it one of your research objective?

**Introduction**

1. Please highlight more about hyperglycemic crisis which includes diabetic ketoacidosis (DKA) and hyperosmolar hyperglycemic state (HHS) and are associated with uncontrolled type 2 diabetes mellitus.

**Methods**

1. Did the study include children? or adults and elderly patients? admitted to general inpatient wards or including critical care units (e.g. EDs, ICUs)?  
"Blood glucose levels pre- and post-IV insulin therapy" rather than "pre and post blood glucose data after insulin intervention". The latter referred to blood glucose levels just before stopping the IV insulin therapy and after stopping the insulin therapy.
2. Any exclusion criteria?
3. Please explore how hyperglycemic crisis was defined or confirmed by the clinical data and laboratory findings, e.g. polyuria, weight loss, profuse vomiting, diffuse abdominal pain, hypotension, increased blood glucose > 250 mg/dL, ketonemia or ketonuria, abnormal arterial pH and bicarbonate, etc.

**Results**

1. Please describe the results in past tense.
2. If you want to use abbreviation BG for blood glucose, please be consistent.
3. What did 104 patients refer to? I assume that no. of samples were 21 patients who met the inclusion criteria and received 28 episodes of IV insulin therapy.
4. You may combine Figure 1 and Table 1 - demographic characteristics (age, gender, history of type 2-DM in year, precipitating factors, relevant clinical/laboratory data)
5. Please review Table 1, some frequencies are missing, i.e Diabetic gastropathy, Ca mammae, febris obs (??)

**Discussion**

1. You may explore the administration of IV insulin by using pump infusion or other methods.
2. Did other clinical/laboratory data exist to discuss hyperglycemic crisis further, e.g. hypotension, ketonuria, acidosis?

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