Reviewer's report

Title: Clinical decisions in the management of cardiometabolic risk in the elderly. A statement of the Spanish Society of Internal Medicine

Version: 1 Date: 21 October 2014

Reviewer: David Haslam

Reviewer's report:

1. The article presents a novel insight into existing work
2. It presents an important issue to a broad biomedical readership
3. It is reasonably argued but short of referenceable details
4. n/a
5. The arguments are inadequately explored as detailed below
6. The writing style suffers a little in translation, and would need correcting in places.

Major revision

The abstract & summary are very promising; they identify a genuine area of need, in an area where insufficient research and knowledge is applied. It sets the reader up for something clinically useful and sits nicely within a framework of other consensus statements by similar groups. Statements issued in lieu of guidelines must be seen as the opinion – only – of a group of independent experts, without the weight of a National body (eg NICE in the UK) or International body (eg ADA/EASD, IOTF, WHO) to back them, and need to offer high quality evidence and recommendations in order to be sufficiently persuasive. Unfortunately the body of the statement doesn’t fulfil these criteria; it constitutes neither a thorough review of the evidence, nor an effective guideline for clinical management of a patient. For example, if an elderly patient with diabetes is suffering frequent hypoglycaemic episodes, what exactly should be done? The guideline should review glucose-lowering agents and their propensity for inducing hypoglycaemia, and suggest alternatives as appropriate for the benefit of practising clinicians. Should sulphonylurea use be restricted? And what should be used instead? What are the problems associated with hypoglycaemia and the elderly – hypo unawareness, falls, cardiac autonomic neuropathy, functional and cognitive impairment, polypharmacy and concordance with treatment. The importance of renal and hepatic impairment, plus drug interactions must be discussed. Special populations are important – care home residents, cognitive impairment and end of life care. Similarly, weight loss is glossed over; what nutritional and lifestyle changes are appropriate? The obesity paradox reminds us that someone who has achieved old age probably shouldn’t be encouraged to lose weight, although health improvement and risk reduction should be encouraged. Initiatives such as the Institute for Diabetes in Older
People (IDOP) strive more effectively to improve care in this population. Each section needs expanding with these points in mind prior to consideration for publication.

**Level of interest:** An article of limited interest

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests