Reviewer's report

Title: Far from easy and accurate - metabolic syndrome detection by general practitioners

Version: 1 Date: 29 August 2009

Reviewer: Ruth Webster

Reviewer's report:

Major Compulsory revisions
1. More explanation is needed in the introduction about WHY is it important for GPs to diagnose MetS. The authors have assumed that their readers will understand this. The authors themselves comment in the discussion that ‘more and more counter-arguments have been raised about the diagnostic, prognostic and therapeutic value of MetS’ which is true. I think they need to then justify why their study is important in finding that GPs don’t diagnose it.

2. Page 5, paragraph 2, line 4: the participation percentage rate of 64.3% has used 1208 as the denominator (people who filled in the patient questionnaire) but I think it would make more sense to use the figure of 1180 as the denominator (people who filled in the questionnaire and attended the health check). 1180 has been used in Table 2 as the number of patients.

3. Page 7, paragraph 3, line 8: Only 20 patients were excluded due to missing data and yet in Table 2 there is missing data for up to 133 patients in some categories. This discrepancy needs to be explained.

4. Page 8, paragraph 2, line 4: It does not make sense to report that 75 out of 1059 patients reported having MetS and hence patients are unclear about the concept. Only 570 (from Table 3) actually had MetS, why would the rest of the 1059 patients need to report having MetS when they don’t have it? If they don’t have the syndrome why do they need to have a clear concept of it? This should be reported as 75 out of 570 patients with MetS reported having it.

5. Page 9, paragraph 2 and 3. There is general mention of ‘risk assessment models’, ‘prevention strategies’ and ‘risk scoring systems’ etc but it is not specified what exactly these are. Are the authors referring to Absolute cardiovascular risk assessment tools or other diabetes risk assessment tools or both or something else?

6. Page 9, paragraph 3, line 5. The statement that ‘both traditional risk factors and emerging metabolic markers associated with the metabolic syndrome should be incorporated in future risk scoring systems’ needs to be justified why this would be an improvement on current risk scoring systems. Absolute risk assessment tools for CVD disease are currently poorly used due to time constraints and complexity of guidelines in many cases, why would making them more complex with the addition of various other risk factors and markers make them any more useful to GPs? What about other novel strategies to aid GPs in
utilising such scoring systems?

 Minor essential Revisions
 1. Page 5, paragraph 3, line 1: What does ‘senior doctors’ mean?
 2. Page 7, paragraph 1, line 1: delete the word ‘been’

 Discretionary Revisions
 1. In choosing the inclusion criteria for the study, why was Coronary heart disease included and not other vascular disease?

 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