Reviewer’s report

Title: Implementation of a lifestyle intervention for type 2 diabetes prevention in Dutch primary care: opportunities for intervention delivery.

Version: 2 Date: 16 April 2012

Reviewer: Ellen E Blaak

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- Major Compulsory Revisions

The manuscript entitled ‘Implementation of a lifestyle intervention for type 2 diabetes prevention in Dutch primary care: opportunities for intervention delivery’ describes important findings on the implementation of a lifestyle intervention by general practitioners and nurse practitioners in the Netherlands.

As stated in the second paragraph of the Background, gaining insight into factors influencing translation of evidence-based programs in the real world is of great importance. However, effectiveness of an intervention in the real world is crucial to gain insight into the success factors for this translation. This article lacks the important link between effectiveness in risk reduction and implementation results. Therefore, this article can only be accepted for publication when more attention is paid to the outcome of the intervention and success factors for implementation.

1. Major compulsory revisions therefore include a clearer link between the results as described in this manuscript with clinical intervention outcome, like change in body weight, glucose, etc. The only result mentioned in the discussion is the more favorable blood glucose in the high attendance group, but more information about the benefits for participants is crucial. For example:

Were any differences between dropouts and participants seen in clinical parameters (change in body weight for example) till the time point of withdrawal?

Was any difference detected between the participants attending group-meetings and those who did not attend these meetings, in baseline characteristics, or outcome of intervention?

Do satisfied participants have a better outcome?

etc.

2a. In the Background, it would be interesting to add results of Dutch evidence-based programs, if these are available, which show the effectiveness of programmes to reduce disease risk in the Dutch population and make a comparison with these effective interventions.

2b. Furthermore, is anything known how the risk prediction by the FINDRISC
score in the Dutch population? This would be valuable to add.

3. In the Methods, it would be helpful to add more information on the time point when events took place (early in the intervention or later), like the 1 hour personal consultation with the dietician (2nd paragraph Intervention protocol) and the data collection via questionnaires of participants (1st paragraph Participant and provider questionnaire). In the 2nd paragraph of Participant and provider questionnaire, information needs to be added on the time point of data acquisition.

4. In the Methods, the definition of ‘confident’ (medium or high confidence) and ‘satisfied’ as used in the results section is missing and needs to be explained for better understanding.

5. Because ‘evening doesn’t suit me’ is a major reason for missing group-consultations, information on whether the group consultations were planned on fixed evenings or more flexible (sign in system) needs to be provided in the methods.

6. Please provide more details on the 23% of GP who consider the chance of prevention success (very) low. When was this measured, before, during or after the intervention? Were participants visiting these GPs less satisfied, did they drop out more easily, were any differences in intervention outcome measured? Is anything known about the reason for participation in this intervention by these GPs?

7. In the discussion (2nd paragraph of Participant level), dropout levels are compared with studies describing drop-out after 1 year. Please provide drop-out data after 1 year in the APHRODITE intervention and compare these with the mentioned studies.

- Minor Essential Revisions

1. In the Results section, some baseline characteristics of the intervention and control group and differences between the groups would be very informative. Were the reasons for withdrawal similar in both groups?

2. In the first paragraph of the Expertise of providers, please specify ‘nearly all participants’ as %.

3. In the second paragraph of the Expertise of providers section, it is stated that 40% of participants was moderately satisfied with GP counseling. What about the other 60%, were they highly satisfied or unsatisfied?

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable
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'