Reviewer's report

Title: Impact of Communicative and Critical Health Literacy on Knowledge and Self-efficacy in Diabetes Management in Primary Care: a cross-sectional study in Japan

Version: 1 Date: 25 July 2012

Reviewer: Shaunta Ray

Reviewer's report:

Major Compulsory Revisions

1. Functional health literacy is described here as what sounds like general literacy level, since it is known that general literacy level does not always correlate with health literacy level, why is this important. And would functional health literacy be required for a pt to understand a conversation & materials that included pictures and was appropriately tailored to the patient?

2. Overall methods are very confusing and not succinct.

3. Methods, 2nd paragraph: Who actually was approved to consent, and does having the patient’s own nurse/physician consent them cause concern. Also how was consent conducted?

4. Methods: Are you selecting out patients that are most likely to practice self-care as they are seeing their doctor frequently or at least consistently based on your inclusion criteria?

5. Methods: in your exclusion criteria what other states constituted as ‘known cognitive dysfunction’? MMSE score is listed, but no other direction is given. How did you ensure those that were consenting patients adhered to this?

6. Methods: It is stated that surveys were anonymous, however it is also stated they could complete them in the office....how is this anonymous, and could it have swayed their responses if they knew their provider would be seeing it? How was anonymity ensured?

7. Methods: were validation of HL scales & this study conducted in similar populations?

8. Methods: Was the scale used for patient-physician communication validated? If not, where did the questions come from?

9. Knowledge of diabetes & self-efficacy: Although you acknowledge in the discussion that assessment of ‘knowledge’ was only assessment of patient’s perception, I don't feel this is accurately reflected in title and methods. To me, this is a major downfall, as patients may not know what they don't know....

10. Sociodemographic and clinical variables: How was questionnaire anonymous, if physician was looking back at their record?

11. Results: it is unnecessary to repeat results reported in table form; however,
should use the paragraph venue to better describe results or summarize.

12. Results regarding association do not seem as impressive when it is considered that patients are rating self perceived knowledge, as if they feel they have a good interaction, they should feel confident in their perceived knowledge.

13. It seems inappropriate to use diabetes knowledge throughout the manuscript, when that is not actually what you are measuring.

Minor Essential Revisions
1. Background, 1st sentence, 1st paragraph: please consider rewording, is a risk factor for what?
2. Background, sentences 3-4, 2nd paragraph: consider rewording. Unclear in current form.
3. Correct spelling of 'enrollment' throughout manuscript.

Discretionary Revisions
1. Background, 2nd sentence, 2nd paragraph: Consider rewording sentence, ie. 'Self-care along with pharmacotherapy are crucial for optimal glucose control in diabetes management. Patients' self-care behavior is also known to be related to.....'

Level of interest: An article of insufficient interest to warrant publication in a scientific/medical journal

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:
I declare that I have no competing interests