Reviewer's report

Title: Effects of Self-Care, Self-Efficacy, Social Support on Glycemic Control in Adults with Type 2 Diabetes

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Reviewer: Geert Goderis

Reviewer's report:

1. This is a nice little study about the association between glucose control, self-care behaviour and associated factors. The statistical method is elegant and well applied.
2. There are some (minor) language errors: ‘foo care’ (just before reference 13; 'most of them were central obesity' (results section)
3. My major remarks do not concern the design, which seems appropriate, but the 'story' behind:
   3.1. The introduction is rather long, very 'open door' (world prevalence of diabetes...) and not very to the point. It should be more directly orientated towards the key question.
   3.2. That key question is not always clear, what is the 'place' of this study in the 'wall of knowledge'? Is it a confirmatory study based on litterature? Is it a 'Chinese' study (relatively few conducted)? Are there arguments that Chinese patients differ from international litterature?
   3.3. It seems rather evident that the SDSCA is associated with better glucose control because it contains some key elements to it (medication adherence, foot intake, exercise).
   3.4. However, the model is only as strog as its components. other elements may confound or interact with the measured variables: co-morbidity (e.g. depression), medication type (insulin vs. oral antidiabetics), education level. Please comment on these possible biases in the model.
   3.5. Please answer: what is the key question you want to answer with this study and why is the answer to this question important to be published? In other words, what is your key message?
   3.6. I think your conclusion is 'a bridge to far'. Your study showed that in this grop of patients higher levels of self-efficacy, PCP and social support were assiciated with better diabetes self care that was in its turn associated with better glucose control. Your conclusion states that "Based on the findings of this study, health care providers and educators should strive to increase patients' self-efficacy, help them mobilize sources of support in their lives, and improve their communication with patients." However, I did not read that physicians' improved efforts to (1) increase patients' self-efficacy, (2) enhance social support and (3) improve their own communication is efficient to improve patients' self care. Maybe patients with
reported better self-efficacy, better social support and better communication are the high educated patients who are better off to manage their diabetes. Maybe it has nothing to do at all with physicians' efforts. Anyway, his study does not allow this conclusion, so please put some nuance. If you do find arguments in literature, please mention.

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

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

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