Reviewer's report

**Title:** Can Australian general practitioners effectively screen for diabetic retinopathy? - a pilot study

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**Reviewer:** Dr Cathy McCarty

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

**Advice on publication:** Unable to decide on acceptance or rejection until the authors have responded to the compulsory revisions

Discretionary revisions
1. As a reviewer, I try not suggest that my own papers should be referenced if they are not. However, in this case, a recently published paper of ours is directly relevant, and the authors should consider referring to it in their discussion (McCarty et al, Clin Exper Ophthalmol 2001, 29:12-16). In this paper, we quantify self-reported barriers of Australian GPs in performing dilated ophthalmoscopy. Some of these barriers could be overcome with a training program (fear of precipitating angle closure glaucoma, not confident in detecting changes), while others could not (time, patients not wanting to be dilated).

Compulsory revisions
1. The authors need to state the gold standard used to determine whether patients did or did not have diabetic retinopathy. This should be mentioned in the methods section of the abstract and the text.
2. In the last paragraph of the methods section prior to the section labeled "Statistical method", the authors mention that the same patients were used for the assessment of screening sensitivity and specificity. Were the GPs informed of the retinopathy status of patients after the pre evaluation? With so few patients, it is likely that the GPs would recall the retinopathy status of these patients and thus the post evaluation may have been a test of recall rather than screening accuracy.
3. The screening results should be stratified by whether the patients had diabetic retinopathy. This is especially relevant as the NHMRC guidelines for referral vary by retinopathy status.
4. In the introduction, the authors note the poor rate of retinal exams among patients with diabetes in Australia. In the paragraph immediately preceding the discussion, they quote the NHMRC guideline for acceptable accuracy, which ends "...so long as diabetic patients deemed not to have DR are screened at least every two years". Given these two statements, the authors should add to their discussion some mention that until patients are screened more regularly, the detection rate for diabetic retinopathy would concomitantly have to be higher than 60%.

**Competing interests:**

None declared.