Reviewer's report

Title: Trends in the prevalence and management of diagnosed type 2 diabetes 1994-2001 in England and Wales

Version: 1 Date: 7 December 2004

Reviewer: Chris van Weel

Reviewer's report:

General
This is an important study on general practitioners' performance in diabetes care. The observation that obesity is a negative factor in reaching treatment outcomes is important. Unfortunately, I missed a critical comparison to the few other publications - in particular of Wim de Grauw of my group - and I present this as suggestions for inclusion.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
1. The authors refer to increased proactive care for diabetes mellitus. Part of that approach is pro-active case finding, which must have resulted in higher rates of false positive diagnoses. In our database we consistently come to 5%. But one would expect this to result in better, rather than poorer performance on group level, is this will be a group with (near) normal glucose levels. How were false positives handled in this database?
2. insight in the group from which the study patients have been recruited.
The authors base their study on patients under regular general practitioners' care in the database. But in the UK the same phenomenon must play a role in diabetes care, we have observed in the Netherlands: most patients comply with follow-up, but a minority does not - even explicitly opts-out (Grauw WJC de, Gerwen van WHEM, Lisdonk van de EH, Hoogen van den HJM, Bosch van den WJHM, Weel van C. Outcomes of audit-enhanced monitoring of patients with type 2 diabetes., J Fam Pract 2002; 51: 459-464.) This group can not be expected to be treated according to guidelines. Another group in our database is the one with important life-expectancy lowering co-morbidity (malignancy etc) where the GP would opt-out of a mere diabetes control for long-term life expectancy. It would be important to know these facts in this database.
3. co-morbidity in diabetes mellitus.
Diabetes mellitus is essentially a condition with important co-morbidity, even in those treated for the long-term outcome. This study only reports on obesity, but many more conditions must play a role - again, see de Grauw's analysis of our database: de Grauw, W., van de Lisdonk, EH, van den Hoogen, HJM, van Weel, C. Cardiovascular morbidity and mortality of type 2 diabetes patients. Diabetic Med 1995; 12: 117-22. This is a factor that interacts with treatment outcome and I would urge the authors to give more details here.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Discretionary Revisions (which the author can choose to ignore)
It is an interesting observation that treatment outcome has deteriorated over time. This is contrary to what we have reported (improvement of outcome between 1993 and 1999). As this database (any general practice cohort) mainly consists of prevalent cases, there must have been a cohort effect and with ageing the possibility of treatment may diminish. It is important to discuss this factor, as it
may be an artefact when considered a ‘GP’ factor. And it would be too simple to open the gates for others to use this study to point to poor GP performance.

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes

Declaration of competing interests:

I declare that I have no competing interests