Reviewer's report

Title: GPs perspectives of type 2 diabetes patients' adherence to treatment. A qualitative analysis of barriers and solutions.

Version: 2  Date: 27 February 2005

Reviewer: Mark F Harris

Reviewer's report:

General
This paper describes a qualitative study of GPs views of problems with adherence to treatment by patients with type 2 diabetes. The study involved 5 focus groups of Belgian GPs.

1. Is the question posed by the authors new and well defined?
The issue of patient adherence and concordance between doctors and patients in the management of diabetes has important implications for clinical practice. There is however insufficient reference to the theoretical framework for this apart from patient centre care and an anthropological analytic framework (ref 13) is referred to but not described adequately. In particular it may be important to refer to the current debate about the extent to which factors external to the consultation (such as socio-economic factors) may influence concordance (although some of this is referred to in the discussion).

2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work?
The methodology is well described.

3. Are the data sound and well controlled?
The data was qualitative and appears to have been collected and presented appropriately including feedback to the participants.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
The findings are presented appropriately with some limited sampling of statements.

5. Are the discussion and conclusions well balanced and adequately supported by the data?
The discussion and conclusions are based on the findings presented. The authors note the frustration experienced by doctors in managing patients. This may represent a tendency to externalize the problem of compliance – rather than reflecting on their own inability to effectively motivate patients. It would be useful to refer to the other literature on this frustration of doctors with their patients and the theory of motivational counseling (eg Botelho). The tendency to externalize is also in the solutions which GPs identified (such as referral for education). It is unclear why the GPs consider that shared care will result in better patient adherence to treatment regimes.

6. Do the title and abstract accurately convey what has been found?
Yes

7. Is the writing acceptable?
The writing is generally acceptable apart from minor problems

Major Compulsory Revisions (that the author must respond to before a decision on publication can
Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
1. Introduction
More detail on reference 13 and other theory related to concordance in introduction.
2. Results:
Page 9: 1st paragraph: delete the word effectively,
2nd paragraph, first sentence: delete the words “and productive” as this prejudges the outcomes of the focus group.
Page 14: Shared care
Explain and reference why multidisciplinary team care may encourage adherence – is this only because of more specialized education?
3. Discussion:
Page 16: third paragraph
Discuss why GPs externalize the cause of their patients adherence rather than seeing at related to deficiencies in their own approach to motivational counseling.
Refer to motivational counseling literature.

Discretionary Revisions (which the author can choose to ignore)
Nil

What next?: Accept after minor essential revisions
Level of interest: An article of importance in its field
Quality of written English: Acceptable
Statistical review: No
Declaration of competing interests:
I declare that I have no competing interests