Author's response to reviews

Title: Family doctors knowledge and self-reported care of type 2 diabetes patients in comparison to the clinical practice guideline: cross-sectional study.

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Author's response to reviews: see over
Authors’ response to reviewer.

Title: Family doctors’ knowledge and self-reported care of the type 2 diabetes patients in comparison to the clinical practice guideline: cross-sectional study

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Date 16.05.2006

Author's response to reviews: see over
Thank you for useful and clarifying remarks.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
None

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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. There is still confusion with the issue of agreement with guidelines for items that are recommend ¨œeat every visit¨ı (e.g., blood pressure). If the respondent said ¨œat least every three months¨ı, is this considered to be in agreement with the guideline? The authors seem to suggest in their response letter that it is (¨œIt is all right when the blood pressure is measured within the three months¨ı). However, they do not say this in the revised manuscript. This issue needs to be clearly elucidated as well as stated in the revised manuscript.
This remark was accepted and clarifying statement was added to Method section.
2. In a related issue, there is a discrepancy between the text and the figure with regard to frequency of two of the items: ¨œchecking symptoms¨ı and ¨œchecking the patients’ ability to manage their diabetes¨ı. In the text it says that these are recommended at every visit. In figure 3 it says the former is recommended annually and the latter every three months. What is the correct recommendation?
The correct recommendation is that checking symptoms/complications is supposed to perform once a year. This is corrected.
3. There is still one detail of the Estonian guideline are not completely described. The recommendations for frequency of testing, physical exam and questions are described, and are now included in the text. However, the guideline for starting medications is incomplete. The authors say ¨œIn the DM2 guideline, HbAc1 is suggested for assessment of glucose control and equivalent target levels of capillary plasma glucose levels are provided¨ı. That tells me that the guideline recommends starting medications primarily based on HgbA1c, with the fasting glucose levels as secondary indicators. The authors provide the recommended cutoff
only for the fasting glucose, not for the A1c. Both are needed. Also, since some parts of the world (specifically the US) use mg/dl for blood glucose measurements (rather than mmol/l), it is important to also show the cutoff in mg/dl.  
Values were added to Methods section.

4. The calculation of the adherence score is unclear. It says that it is a measure of how many of the recommendations are followed. However, two details are not stated. First, which of the recommendations are included in the denominator? Only the recommended tests? Also including the fasting glucose at which medications should be started? Also included the fasting glucose at which physicians are content with treatment? The table shows a maximum score of 10, but if you include all of these, there are 13 items. This needs to be very clear. Second, is ‘overuse’ considered adherence or non-adherence? In many studies, if an item is recommended annually but a physician says they do it every six months, it is considered adherent (since they do the test ‘at least’ as often as is recommended). But it could be argued that overuse should be considered as not adherent, similar to underuse. This is unclear in the current paper, and needs to be clarified.  
Adherence score was calculated according the doctors’ reported performance of suggested 12 test and examination. More often utilisation of recourses was considered as non-adherence. Maximum score of 12 was not reached by any of the doctors. Additional lines were added to the Table 3.

5. There are still some grammatical oddities. For example, on page 6, it says ‘In the current study fasting capillary plasma glucose levels were asked as currently more widely used.’ This grammar needs to be corrected.  
Grammatical revision is performed.

Discretionary Revisions (which the author can choose to ignore)

1. There are many tables and graphs, so some could be combined. For example, table 2 and figure 1 have similar information, and could be combined. Also, figures 2 and 3 could be combined.  
Combining figures 2 and 3 will make one overloaded. We would like to keep table 2 and figure 1 as well. We would like to present the tendency and the proportion of the doctors’ behaviour.

Accept after minor essential revisions What next?:

An article whose findings are important to those with closely related research interests Level of interest: Needs some language corrections before being published Quality of written English: No Statistical review: Declaration of competing interests: I declare that I have no competing interests