Reviewer’s report

Title: Type 2 diabetes clinical practice guidelines do not have a major impact on family doctors self-reported care of their patients

Version: 2 Date: 25 March 2006

Reviewer: Shlomo Vinker

Reviewer’s report:

General
The issue of utilization of clinical guidelines in the usual every day practice is a very important one. Although I am not sure that this research is really representative of the common practice in Estonia due to the low response rate and the unclear method of the questionnaire. It is actually an attitudes survey and a real performance one, an issue that should be clarify in the aim of the study and in the discussion. It is well known that there may be a great discrepancy between “declarations” and performance.
The English and grammar through all the manuscript should be improved.
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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Introduction
The introduction is too long and should be shorten, for example the part “The incidence of cardiovascular mortality ..” to the end of the paragraph is irrelevant and can be removed.
The part on the changing policy of treatment in Estonia also should be shortened.

Methods
It is not clear if the authors used open or close questions in their survey. It is critical especially in parts of recommendations in the guidelines (for example if it is a close questionnaire, there should be some wrong answers.
Statistical analysis: The authors should make power analysis, as in the results section they found many of their statistical tests “not significant” the reason may be a too small sample size.

Results
The results section should be shorten and the authors should try to minimize data duplication between the text, tables and figures (for example table 3 and figure 1, etc.)
Page 9 1st paragraph – as the number of diabetic patients in every clinic is only an estimate and the number 300 seems a “round” one and an extreme you should use “median” instead of mean.
I did not find through all the results section the use of statistical tests out of simple descriptive (frequencies). You should for example made a comparison between the adherence with different recommendations to see if the difference is significant.
I would also recommend to make a score of adherence with guidelines for each physician and to look for a correlation between his or her background characteristics and the score using logistic regression.

Discussion
The discussion is too long. For example the second paragraph in page 11 is irrelevant (the manuscript is dealing on the guidelines and the prevalence of DM is not the main issue to start the discussion)
The disposal of guidelines as well as the provision of diabetes care are both according to the declaration of the physician and not the actual situation.
You should pay attention in the literature review and the comparison with your finding if the results are from “attitude surveys” or from actual performance.
Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
The English grammar should be revised

Discretionary Revisions (which the author can choose to ignore)

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

**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

**Declaration of competing interests:**

'I declare that I have no competing interests'