Reviewer's report

Title: Prognostic Value of Physicians’ Assessment of Compliance in Patients with Type 2 Diabetes: Primary Care Follow-up Study

Version: 1 Date: 6 February 2006

Reviewer: Martha M Funnell

Reviewer's report:

General
A generally very interesting, well-done and interesting study that would benefit from a more appropriate title and terminology that better reflects the construct tested.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
This study addressed an issue of growing interest in the field of diabetes care. While this area has long been recognized as critically important by psychologists and nurses, psychosocial issues and acceptance of diabetes is increasingly being recognized by physicians as an important element in determining long-term outcomes. This study confirms many of the areas found to be important to patients and health professionals in the DAWN study and elevates their importance by recognizing their impact on mortality. Thus, addressing these areas is no longer just a “nice thing to do” it is part of good medical care for people with diabetes.

The authors have greatly limited the impact of their findings by labeling this as a study or measure of compliance. First, the concepts of compliance and/or adherence or not accepted as valid by many in the field of diabetes specifically and chronic care in general. Second, of the 10 areas identified as important in the assessment of compliance, only 2 are traditionally in the realm of compliance/adherence (treatment adherence and appointment keeping). The others are related to psychosocial issues, patient-provider relationship, co-morbidities and A1C levels which are influenced by many factors, some of which are in the patients’ control and some that are not. Changing the title to reflect the true findings of this study would greatly increase the interest and highlight the importance of these results.

Two more minor issues that need to be addressed: References 10-14 support the importance of glucose control, not compliance. Studies have generally not supported that more compliant patients have better outcomes. Those with better psychosocial status however, do tend to have better outcomes. It also was not clear how providers separated what they knew about the patients’ health status in terms of concrete measures and their impression of compliance. It would be helpful to understand what they were instructed prior to rating the patient.

Congratulations on a well-done study.

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)
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: No

Declaration of competing interests:

I declare I have no competing interests.