The manuscript by Shen and colleagues examined the prevalence of hyperglycemia among HIV-infected persons not receiving antiretroviral therapy (ART). Given the lack of data on this topic, the study question is of significance.

To address this aim, the investigators conducted a cross-sectional study among 2006 HIV-infected adults with newly diagnosed HIV/AIDS and not receiving ART from 10 provinces and municipalities in China. After an overnight fast, serum samples were collected to measure serum glucose concentrations. Demographic and clinical data were collected. Factors associated with the presence of diabetes were determined by logistic regression.

Among the 2006 patients, 20% had hyperglycemia, 9.5% had impaired fasting glucose, and 10.5% had diabetes. The prevalence of diabetes increased with increasing age and with decreasing CD4 count. Older age and lower CD4 count were both significantly associated with diabetes. The authors concluded that hyperglycemia is highly prevalent among Chinese adults with newly diagnosed HIV/AIDS and that all newly diagnosed HIV/AIDS individuals should be routinely evaluated for hyperglycemia.

Major Compulsory Revisions:

1) Study Population (page 5): The authors should specifically state the inclusion and any exclusion criteria. Details on how patients were identified and selected (e.g., sampling) should be included in this section.

2) Data Collection (page 6): After the Study Outcomes section, the authors should include a section that details each of the demographic and clinical covariates collected (age, sex, nationality, CD4 count, HIV transmission category) and how these data were obtained (e.g., patient survey, medical records).

3) Statistical Analysis (page 6): The authors should include a sentence demonstrating that they had sufficient statistical power to determine associations between the covariates of interest and hyperglycemia. They should report the number of subjects that were targeted a priori to determine associations to ensure to readers that there was sufficient power to evaluate outcomes of interest.
Also, it should be noted in the Results that “the prevalence of diabetes increased with decreasing CD4 count (P=0.032).” They should clarify in the Statistical Analysis section that this was explored with a chi-square test for trend (e.g., “We evaluated if the prevalence of diabetes increased with decreasing CD4 count using a chi-square test for trend.”)

4) Results (page 6): The first sentence should be revised as: “We included a total of 2006 adults with newly diagnosed HIV/AIDS.” The authors should clarify if any patients refused to be included in the study. The authors should revised the third sentence as: “The study sample was primarily male (75.67%), the median age was 40 years (41 years for males, 38 years for females), and the median CD4 count was 136 cells/mm3.” Data on HIV RNA level should be included, if available.

5) Results: Table 2 should be deleted, and the results included in the Section titled “Risk factors for diabetes among adults with newly diagnosed HIV/AIDS” on page 8.

6) Discussion (page 11): The authors should acknowledge the cross-sectional design as a limitation, since it is not clear if the diabetes preceded the HIV infection or vice versa.