Reviewer's report

Title: Microalbuminuria among Type 1 and Type 2 diabetic patients of African origin in Dar Es Salaam, Tanzania

Version: 1 Date: 23 October 2006

Reviewer: Trond Jenssen

Reviewer's report:

General

This paper gives prevalence numbers for microalbuminuria and proteinuria in a rather limited amount of patients from an outclinic with type 1 and type 2 diabetes patients in Dar Es Salaam, Tanzania. Few and limited reports exist on this topic from populations on the African continent.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. It is necessary for the authors to emphasize that this is a selected population from a diabetic clinic. I would prefer that they make this point when they compare their findings with other reports from Caucasian and African populations.

2. The number of type 1 diabetics is low, limiting the statistical power for explanatory variables. This should also be commented on in the discussion.

3. Table 5 compares their results with other (rather small) studies from the African continent. The discussion is too long and should be shortened by at least one page. I would prefer that the rather detailed discussion on differences between small studies related to table 5 is condensed to discuss the following topics:

   A. Is it a time-trend that the prevalence of microalbuminuria/diabetic nephropathy is decreasing on this continent also (as it is in the Western world)? It could look like this from the table. Or is it just accidental?

   B. In general terms, what were the selection criteria for the studies reported in table 5?

   C. How can the different ways of assessing albuminuria have influenced the variability in prevalence numbers? Exclusion of bacteriuric patients (which is appropriate) has probably not been performed in other studies?

4. The conclusion section should be shortened, and confined to the main findings of the study.

5. Frozen urine samples were measured. There is a decay in albumin concentrations in frozen urine urine samples being thawed. How can this have affected the results compared to other studies?

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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. The method sections counts altogether 272 patients, but the result section counts only 271 patients. Why?

2. The expression NIDDM should be replaced by 'type 2 diabetes' in the discussion.

3. Could the authors comment why ARBs are not used in this population?
Discretionary Revisions (which the author can choose to ignore)
None.

What next?: Accept after minor essential revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:
I declare that I have no competing interests pertained to this study.