
The aim of this study was to determine the prevalence of retinopathy among patients with diabetes in Al-Ain, United Arab Emirates (UAE). Multi stage random sampling was used to select 8 primary healthcare centres in Al Ain district; in addition 2 diabetic clinics (at the only 2 government hospitals) were sampled. Every third patient with diabetes at each of the selected centres was invited to attend the study. A total of 600 patients were invited to participate in the study of which 513 agreed to participate (response rate 85%).

This study provides the first data on the prevalence of retinopathy in the EAU. However the presentation of results is confusing the background and discussion need to be further developed and the queries over methodology need to be addressed adequately if this work is to be considered for publication.

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

Study Aims
1. The research question was well defined by the authors. There is currently no retinopathy prevalence data for the United Arab Emirates, making this data quite valuable.

Background
2. The study background needs to be improved.
3. The group should highlight that this is the first study to assess retinopathy in the UAE and the importance having such information.
4. Make a stronger point about the effectiveness of laser treatment in preventing blindness. Currently available treatment such as laser therapy, when used in a timely fashion, is effective in preventing severe visual loss.
5. The reported average prevalence of retinopathy of 10% in the introduction is too low. Refer to the IDF atlas for the prevalence’s of retinopathy throughout the world.

Methods
6. Multi stage random sampling was used to select the centres to be sampled. This is an appropriate method to use. Questionnaires were used to establish the type of diabetes, duration of disease, associated complications and co-morbidity. The use of questionnaires is appropriate for the collection of information in a uniform manner.

7. The participants were referred to ophthalmologists for a detailed eye examination. Could you provide details on the number of ophthalmologists? It is a little unclear as to whether the study used one or several ophthalmologists. The use of several ophthalmologists would be a concern. If this is the case, what steps did you put in place to ensure each ophthalmologist was grading retinopathy in the same manner? These details need to be added in text.

8. The pupils were dilated and participants underwent a detailed fundus examination using a slit lamp. Generally it is now preferred that retinal photographs are taken and graded in a standardised manner, with some type of reproducibility data provided. What grading system was used to grade the retinopathy? (e.g. Wisconsin grading system) and what reproducibility data do you have available? A reference should be supplied along with the reproducibility data. A comment on the subjective nature of slit lamp examination...
should be highlighted as a study limitation.

9. Need to add details on how BMI, hypertension, cholesterol and triglycerides were measured and what equipment was used. The definitions of BMI, hypertension, elevated trigs and cholesterol need to be added along with references for the use of the cut-points.

10. How did you define diabetes?

Results

11. Add the number of people with retinopathy to table 3. Change the table to report the prevalence of retinopathy rather than the breakdown of what percent have each type of retinopathy. The current presentation is misleading.

12. The tables need to be reformatted, remove the thick black lines, put the CI next to the prevalence’s and remove some of the large white spaces (the numbers are a little too spread out).

13. The duplicate tables need to be removed.

Discussion

14. The prevalence of retinopathy (both background and proliferative) in this population is around what is largely found in populations of people with type 2 diabetes in developed countries. However identification of cases of proliferative retinopathy is of concern in any population as it can result in severe visual loss if left untreated.

15. The finding of proliferative retinopathy cases should be highlighted, along with the importance of regular screening for retinopathy and the fact that timely treatment can prevent severe visual loss in the majority of these cases emphasised.

Abstract and study title

16. The study title is appropriate.

17. The prevalence of retinopathy as set out in the abstract is confusing. The prevalence should be reported as the percentage in the total diabetic population for both background and proliferative retinopathy rather than showing the percent with retinopathy who have background and proliferative retinopathy. This is confusing and could lead one to believe the prevalence is much higher than what it really is.

18. The abstract conclusions should be changed to emphasise the identification of cases of proliferative retinopathy and the importance of timely treatment at preventing blindness highlighted.

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 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