Reviewer's report

Title: Drug-Related Problems in Type 2 Diabetes Mellitus Patients with Dyslipidemia

Version: 1
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Reviewer: Albert A. Figueras

Reviewer's report:

Dear Authors,

Although the topic is highly prevalent and important, to my opinion the present study, as it is, does not reflect the clinical relevance of the findings from this research.

I would suggest different major revisions in order to improve the text.

Major compulsory revisions

- A general one: when talking about patients, diseases and drugs, the most important are the patients and the consequences of their diseases or the consequences of the drugs they are taking. So... why not consider people (208 patients) instead of drug-related problems? Perhaps this alternative focus could greatly improve the results and the clinical relevance of the results.

1) The sample are patients with diabetes and dyslipidemia. In the results sections, the authors state that "more than 70% of subjects were found to have polypharmacy". Shouldn't this figure be 100% or almost 100%? Because most patients should be treated with at lest one drug for each clinical condition.

If 70% of polypharmacy is a right figure, then, this would be a first important result: "30% of your study sample (patients with diabetes and dyslipidaemia) are not treated at all at present. And this result merits an active intervention in your country.

But I imagine that the 70% of polypharmacy refers to another definition of polypharmacy (excluded treatments for these two diseases? If this is the case, then this would be an innappropriate approach, from my point of view).

2) The Authors found that approximately 25% of patients had their disease "controlled" according to the blood analyses. Is this true? Wouldn't it be interesting to describe more this subset of patients tht present a therapeutic failure? Why are not responding to the treatment? Is there a problem of not taking the medication?

To my opinion, these are the really important approaches when analyzing drug-related problems.

3) "11 subjects were not on any medication except for ant-dibetic agents and LLA"... Perhaps this is the problem of "polypharmacy". Wouldn't it be better to
consider the patient as a whole and, then, consider the whole medications? I mean, ndiabetic and LLA agents also produce DRP, interactions, lack of adherence...

4) The first sentence in "Drug-related problems" refers to 208 patients... this should be 191.

5) Another potentially interesting result is the proportion of patients that are not taking their medicines! Could you analyze this subset? Are the Authors referring to any medications or to any medications in addition to andiabetics and LLA? 14% of non-adherence is an important proportion. Is it related with the lack of "efficacy" according to blood tests?

6) Table 6 would improve in clarity if the reference values considered by the Authors or the study centre are given.

7) Table 6 gives many clues related with inappropriate use of medicines / inappropriate prescription. To my opinion, to highlight these problems is what is clinically relevant for patients and a clue to implement interventions to improve the management of these patients.

For example: in 26% of "cases" there is a drug choice problem. This is very high! How many individual patients of your sample had one of these problems? This is also a key result.

In 14.3% of "cases", drug was not taken... the same, these are interesting results. Which were the causes?

So, if the Authors try to focus on problems from the patient point of view, the result would greatly improve and the conclusions and suggested interventions to improve health care would be clear.

**Level of interest:** An article of limited interest

**Quality of written English:** Not suitable for publication unless extensively edited

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I have no competing interests, according to the previous statements. I'm only working at a public university and a World Health Organization Collaborating Centre.