Reviewer's report

Title: The management of diabetes in Indigenous Australians in the primary care setting

Version: 1 Date: 28 June 2007

Reviewer: Martin Gulliford

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This study analyses data from a large clinic based survey of people with diabetes in Australia. Data for indigenous Australians are compared with non-indigenous. It is shown that there are systematic differences between the two groups with worse metabolic control and increased frequency of diabetic complications in the Indigenous group.

Comments

The study is generally well-conducted and described. A limitation is that the study adopts a clinical medical perspective and neglects the socio-economic and health system influences that could account for the findings described.

1. The term ‘race’ should not be used in my opinion. This implies that the authors view Indigenous Australians as a biologically (genetically?) distinct group, with metabolic abnormalities explained on this basis. This is illustrated in the Abstract where it reads ‘Aboriginal race is a powerful risk factor for micro and macrovascular disease’.

2. It would be more appropriate to use the concept of ethnicity as this acknowledges social and cultural distinctions between groups. Ethnicity should normally be self-assigned. How did the practitioners judge whether individuals were indigenous or not? What does indigenous mean? Were their judgements reliable?

3. The lack of data on income, education and other socioeconomic determinants is an obvious limitation.

4. In the Abstract, where it reads ‘Aboriginal race is a powerful risk factor for micro and macrovascular disease’, this is of course completely unjustified. Maybe poverty or lack of education are the powerful risk factors for vascular disease. Based on the present data, we just don’t know what the risk factors associated with Indigenous ethnicity are - because they have not been measured.

5. The health system determinants should also be discussed. Does the Australian system offer universal access and if so why are outcomes worse for some groups unlike the situation in the UK?

6. The Discussion would be improved by referring to some of the literature on
race, culture and ethnicity, in particular, the role of socio-economic factors in explaining ethnic inequalities in health.

Minor comments

Abstract: avoid vague terms like ‘smoking was also common’
'Same (younger) age’ is not clear, non-I patients were older
The meaning of the term ’incident driven’ is unclear.

Table 1. Give confidence intervals. Give exact p values rather than asterisks. It is not clear what role the logistic models had in the interpretation of results, and whether P values should be adjusted, for example for age differences.

Figure 2. An overall test for difference between groups would be better than a significance test at each different duration of diabetes.

Figure 3. The data would be better presented as a Table with confidence intervals for the age-specific rates.

**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, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**
'I declare that I have no competing interests'