Reviewer's report

Title: Reasons of general practitioners for non-treatment of younger and older patients with newly diagnosed type 2 diabetes mellitus in the United Kingdom: A survey study

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Reviewer: Louis Kuritzky

Reviewer's report:

I much enjoyed reading your manuscript about understanding reasons why GPs do not initiate treatment for newly diagnosed diabetics. I think that an introductory statement suggesting cardiovascular/macrovascular/mortality benefits for glucose control are lacking. Indeed, our own (United States) FDA requires newly approved diabetes drugs to include the following statement (verbatim): "There have been no clinical studies establishing conclusive evidence of macrovascular risk reduction with ________ or an other antidiabetic drug."

Although the text was easy to read and enjoyable, I believe there is a great deal more information in the tables that might merit inclusion in the text. For instance, when describing the group ages as either <65 or >65, one might initially think that the groups could--at least conceptually--be quite similar in age, yet the table clearly shows a MAJOR age difference in the two groups. I suggest expanding the text modestly to include some more of the highlights contained within the table.

Finally, the graphic text (Bar graphs) were difficult to discern because colors were so close...if it will be published in dramatic color difference, fine, but otherwise maybe use hatching/cross-hatching/designs to make bars in graphs easily distinguished.

Finally, GPs might be a bit taken aback by this assessment, as if the failure to initiate treatment were always poor practice. Might not there be at least a paragraph acknowledging that delay in treatment IS sometimes a rational choice? Given that we remain unable to prove that tight glucose control saves lives, I do respect the philosophy of those who wish to tread gently on the ground of seniors, patients with complex medical regimens, patients who would simply rather not take additional meds, patients who object to a particular med side effect, or patients who (for whatever reason) might be perceived as having transitory reasons for dysglycemia, such as systemic glucocorticoid treatment.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests:

I disclose that within the last 5 years I have received compensation for relationships with the following industry entities in exchange for advisory boards, consultancy, or speakers bureau participation:

SanofiAventis
Merck
Lilly
Novonordisk
BoehringerIngelheim
Takeda

I have no other conflicts to disclose