Author's response to reviews

Title: Assessment of Quality of care given to Diabetic patients at Jimma University Specialized Hospital Diabetes Follow-up clinic, Jimma, Ethiopia

Authors:

  Esayas K Gudina (esakgd@gmail.com)
  Solomon Tamiru (solomontamiru@yahoo.com)
  Fessahaye Alemseged (fessahayeatd@yahoo.com)
  Rana Ram (usctrojan.rana@gmail.com)

Version: 5  Date: 24 August 2011

Author's response to reviews: see over
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Title: - Assessment of Quality of care given to Diabetic patients at Jimma University Specialized Hospital Diabetes Follow-up clinic, Jimma, Ethiopia

Authors: -

1. Esayas Kebede Gudina (esakgd@gmail.com)
2. Solomon Tamiru (solomontamiru@yahoo.com)
3. Fessahaye Alemseged (fessahayeatd@yahoo.com)
4. Rana Ram (usctrojan.rana@gmail.com)

Version: 4 Date: 24 August 2011

Author's response to reviews: see over
Thank you for consideration of our manuscript for publication in your journal.

We have reviewed the above manuscript according to your reviewer’s comments.

**Reviewer's report**

Title: Assessment of Quality of care given to Diabetic patients at Jimma University Specialized Hospital Diabetes Follow-up clinic, Jimma, Ethiopia

Version: 4 Date: 27 June 2011

Reviewer: Kirsten J Coppell

**Major Compulsory Revisions**

**Abstract**

1. **Background** – The second part of the study aims does not need to be stated as this has not been addressed in the study, that is delete “and devise ways to improve it.” Suggestions for improvement in diabetic care in Ethiopia could be stated in the discussion.

   **Correction done accordingly**

2. I think including the word “Ethiopian” to describe the patients in the aim would provide useful additional information for the reader as many will not know where Jimma University Specialized Hospital is.

   **Correction done accordingly**

**Background**

3. Last paragraph – for the same reason above, I think the final additional aim should be deleted, that is, “Another aim is to investigate patients’ satisfaction with diabetes care.” This was not a major part of the survey.

   **Done**

**Methods**

4. Selection of study participants – how the patients were selected still needs to be stated/clarified. Were consecutive patients invited to participate or was a random sample taken from the clinic list?
Yes, patients were invited consecutively to participate in the study until the needed sample size was obtained. Clarification was done on the manuscript accordingly.

5. Data quality control – please clarify what is meant by the following sentence, “Patients who had repeated visits within the study period were excluded from the study whether or not they were previously included in the study.” Were the patients truly excluded or was data from only one clinic visit used? If the later, that is, data from one clinic visit only used was this the first or last visit in the study period? We accepted the comment and explanation was included under ‘selection of participants.’ Practically, for patients with repeated visits, data were obtained during the first visit.

Results

6. Table 1 – the total number for “Access for drugs” is 328. The total for all the other characters is 329. Please check if an error was made and correct accordingly. One patient was not on any glucose lowering drug. Explanation was given under the table as footnote.

7. Assessment of efforts done to watch for and prevent diabetes related morbidities – Given the differences in T1 and T2 diabetes, it would be informative to present the weight for both these groups rather than for the group as a whole. Done. It was 59.3 ± 10.8kg in type 1 and 67.1± 11.9kg in type 2.

8. Assessment of efforts done to watch for and prevent diabetes related morbidities – I do not think the final paragraph should be included. As evaluation of complications was not completed on all study participants (only a minority), the findings about associations with glycaemic control and blood pressure control may be spurious. Also the details of these analyses are not described.

Comment accepted and that paragraph has been omitted.

Discussion

9. The discussion could be strengthened so that the key issues are highlighted. Some important statements from the ‘Conclusions and Recommendations’ section could be used at the beginning of the discussion section for greater impact. A suggested beginning could be: “This study assessed a wide scope of diabetic care at Jimma University Specialized Hospital in Ethiopia using information from chart reviews and patients. Glycaemic control and blood pressure control were far below any recommended standards and attempts to prevent, detect early and manage complications of diabetes were alarmingly poor. The mean FBS of 171.1 + 63.6 mg/dl is better than the 190 + 89.6mg/dl in Addis Ababa [18] however, it is far higher than the recommendations in the developed world [28]. Majority of the patients (73.1%)
had FBS above the target level of 130 mg/dl as compared with 79% having >120 mg/dl in previous study [18] indicating that glycaemic control in Ethiopia is in dire need of being addressed. Similar to most studies in the country [18], no patient had HbA1c determination in this study because it is not available in public health sector in the country.”

"Done as commented"

10. The strengths and limitations of the study need to be discussed. Strengths would be the cooperation of hospital staff and the high response from patients. A limitation would be the inappropriate/poor chart keeping.

"Included at the end of the discussion"

11. One of the UKPDS papers could be referenced when you discuss the progression of diabetes and the need for more medication. [UK Prospective Diabetes Study (UKPDS) Group. Intensive blood glucose control with sulphonylureas or insulin compared with conventional treatment and risk of complications in patients with type 2 diabetes (UKPDS 33). Lancet 1998;352:837-53.]

"We already had the mentioned reference in our reference list and we have made due emphasis on progressive hyperglycaemia in our discussion part quoting findings of that article."

12. It would also be important to highlight the lack of diabetes nurse educators and diabetes dietitians in Ethiopia, particularly as lifestyle management is an important part of diabetes care, even for people on medication (see our paper BMJ 2010;341:c3337 doi:10.1136/bmj.c3337.)

"Comment included under discussion. We have included one paragraph regarding lifestyle management for diabetes (diabetes nurse, dietician, health educators....)"

13. With respect to self-monitoring of blood glucose (SMBG), you mention the number of patients doing SMBG was very low. Do patients have to pay for the equipment and strips?

"Yes, only blood glucose testing at the hospital is free. Patients should buy the glucometer and strips for themselves which is unaffordable for most of the patients. In fact it is not readily available on the market outside Addis Ababa."

Minor Essential Revisions

Methods

1. Data collection – “The data was...” should be corrected to read “The data were...”

"Done"

2. Data quality control – sentence 3, replace “consistence” with “consistency”.

""
3. Ethical considerations – delete “. Patients were requested for their willingness to participated in the study” as this has been stated previously.

Done

Results

4. Table 2 – please include the standard deviation (SD) for the Glibenclamide dose for Type 1 DM patients.

Done

5. Adequacy of glycaemic control – a suggested change for “Over 2/3rd of the patients had mean FBS above the target level of 130mg/dl, the proportion which again does not significantly vary among both groups (Table 2).” is “Over 2/3rd of both groups had a mean FBS above the target level of 130mg/dl (Table 2).”

Done

6. Assessment of Adequacy of Hypertension – 2nd paragraph – although the group of patients referred to in sentence 1 and sentence 3 are slightly different, only one of these statements needs to be included. My suggestion is to delete sentence 3.

Done

7. Assessment of efforts done to watch for and prevent diabetes related morbidities – first sentence, please add a ‘±’ to 64.4 + 12.1kg to read 64.4 ± 12.1kg (I presume 12.1 is the standard deviation).

Done

8. Assessment of efforts done to watch for and prevent diabetes related morbidities, 2nd paragraph – I presume the diabetic eye evaluation consisted of visual acuity and ophthalmoscopic examination, rather than a retinal photo. Therefore, if my assumption is correct please add this detail to read,”Diabetic eye evaluations (visual acuity and ophthalmoscopic examination)....”

Done

Discussion

9. In paragraph 5, sentence 3, “contrary” should be replaced with “contrast”
Done

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

We have tried to amend them.

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

I declare that I have no competing interests

Reviewer's report

Title: Assessment of Quality of care given to Diabetic patients at Jimma University Specialized Hospital Diabetes Follow-up clinic, Jimma, Ethiopia

Version: 4 Date: 25 July 2011

Reviewer: Bibbi Smide

Dear authors,

Thank you very much for your efforts to answer all my comments. It has been very interesting to re-read your article and I think that the manuscript now is very readable. You have responded to my suggestions to write the aim as the last sentence under the heading Background – thank you. This has made your study much more scientifically appropriate. You have also altered the method part which I consider to be a good improvement.

I recommend you to explain all the abbreviations you use in table 6, although it is written in the text.
Explanations for abbreviations in all tables have been put as footnote under respective tables. Some abbreviations that may become vague to the reader have been described in full totally omitting them (e.g., treatment for Rx and hypertension for HTN have been used in the last manuscript).

Please make sure that you use the words diabetes and diabetic according to grammar.

Corrections for it have been made throughout the manuscript including the title part.

Your article now raises some interesting questions. It seems that many patients get a very high dose of glibenclamide; would it at all be possible to strengthen this fact a bit more distinct in the discussion part? I think this is important from an educational triangle and if possible the staff working in the diabetes clinics has to learn more about diabetes treatment. You have written that no treatment modification was done in more than 70% of those patients with high blood sugar; would this be a matter of the need of more diabetes education?

Comment include in detail under discussion. The issues of progressive hyperglycaemia and increases of doses of glucose lowering drugs, health education and profile of care givers have been described.

Another question is whether ultrasound of the kidneys would be an appropriate examination in a developing country? Maybe urinary albumin test would be most cost effective? I think you should consider to comment on this matter. Also you might consider to include albumin urine testing under the heading Conclusions and Recommendations.

Comment on cost-effectiveness of albumin has been mention in this new manuscript under discussion and conclusion and recomendation. [*There is currently an on-going study by one of my colleagues on screening for chronic kidney disease by urine albumin for diabetic and hypertensive patients at the hospital.*]