Reviewer’s report

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

Version: 4 Date: 27 June 2011

Reviewer: Kirsten J Coppell

Reviewer’s report:

Thank you for asking me to review this revised manuscript. Overall, the presentation of the manuscript is much better, and the authors have taken into account comments made after the previous reviews. Some clarification is still required in parts and I think the discussion could be improved further to increase the impact of the study.

• 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.

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.

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.

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?

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?

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.
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.

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.

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.”

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.

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.]

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.)

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?
• Minor Essential Revisions

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

Results
4. Table 2 – please include the standard deviation (SD) for the Glibenclamide dose for Type 1 DM patients.
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).”
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.
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).
8. Assessment of efforts done to watch for and prevent diabetes related morbidites, 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)…. “

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

Level of interest: An article of importance in its field

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

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

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