Reviewer’s report

Title: What's distressing about having Type 1 diabetes? A qualitative study of young adults' and healthcare professionals' perspectives

Version: 2 Date: 26 February 2013

Reviewer: Jessica Markowitz

Reviewer’s report:

This is an interesting article that will add to the literature in this area. However, a few changes are necessary to make the manuscript stronger. One general comment: be consistent with wording of insulin pump or CSII throughout. Please see more specific comments below.

Major Compulsory Revisions

1. (Intro) This manuscript is discussing type 1 diabetes. Many of the references you use when discussing depression, anxiety, and diabetes-related distress focus on type 2 diabetes. Need to be clear about that in the introduction. It is misleading if you do not.

2. (Intro) First sentence: define “clinical distress”. Also you may want to specify “in young adults”, as the article you are referencing is about young adults.

3. (Intro) Psychological morbidity is clinically important in people with diabetes because it has consistently BEEN found to act as a barrier to glycaemic control, principally by promoting non-adherence to self-care regimes. – Is psych morbidity really promoting non-adherence, or just potentially influencing it? I do not think that we really know the mechanism.

4. (Support from family members) It is not true that when young adults leave home they cannot receive support from their families on an ongoing basis. They can absolutely receive support, it’s just that the form of that support may be different than when they lived with their parents.

5. (Discussion) Overall, important in discussion to take into account that this research was done in Ireland, and because of that, the healthcare system in Ireland had a big role in how people felt. It might make sense to discuss how the healthcare system works a bit to give people outside of Ireland more context, given that each country has their own healthcare system, and often they are very different from one another.

Minor Essential Revisions

1. (Abstract) Change “managing diabetes” to either “having” or “living with” diabetes

2. (Intro) At the end of the intro, you discuss the second phase of emerging adulthood that diabetes researchers refer to, but this is not a concept that comes from diabetes research. It comes from Arnett.
3. (Methods) The rationale for focusing on young adults between 23 and 30 years of age comes from American theoretical work, and it may be asked how transferable this work is to the international context. – I’m not sure what this means.

4. (Methods) Unexpectedly, far more men than women volunteered… -- This is inconsistent with the rest of the data you present. Also, the judgement “unexpectedly” doesn’t belong in the results section.

5. (Healthcare system struggles) Can you specify what “joined-up care” is? This is not a term used in the US.

6. (Managing distress) I do not know what DAFNE is – can you clarify? Also, you do not reference it when first mentioned in the manuscript but you do reference it when mentioned for the second time.

7. (Discussion) You mention “specialist young adult services” to help manage transition – these are not very common and there are better references than the ones you used. The ones you used are not really about specialist medical services.

Discretionary Revisions
1. (Abstract) Clinicians should facilitate young adults’ attendance AT diabetes education programs

2. (Analysis) Can you specify what word-processing package was used for analysis?

3. (Perspectives of healthcare professionals) You mention “joint liaison clinics with psychiatrists” – is it possible to use other mental health professionals as well, such as psychologists and/or social workers? (In the US, psychiatrists generally prescribe meds and don’t do therapy – I don’t know what it’s like in Ireland)

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