Reviewer’s report

Title: Family physician and endocrinologist coordination as the basis for diabetes care in clinical practice

Version: 4 Date: 8 December 2007

Reviewer: Mark F Harris

Reviewer’s report:

Major Compulsory Revisions

1. This study aims to compare the quality of care (as assessed by treatment to target) provided by specialist vs primary care providers of patients with diabetes who also have peripheral vascular disease. The issue of specialist versus primary care of patients with type 2 diabetes has been addressed in previous research (although perhaps not in Spain) during the 1990s (eg Griffin S. Diabetes care in general practice: meta-analysis of randomised control trials. BMJ 1998; 317:390-6). This research should be referred to in the introduction.

2. The unique feature of this study is the selection of a high risk group of patients with type 2 diabetes – those with evidence of peripheral vascular disease. This has implications for the operation of high risk foot clinics as well as diabetes services in many countries. This should be highlighted.

3. The type of family practitioner shared care which is evaluated is particularly supported by specialist communication. However the exchange of information and communication between the family practitioners and allied health providers such as podiatrists in the FP arm of the study should be clarified as this has important implications for high risk foot clinics.

4. The data collected is well described. However it the justification for the targets (which vary from those used in other studies) is not given.

5. It is unclear who collected the data every 6 months. Was this independent of the staff intervening in either arm of the study. This is particularly important for those measures which have more subjective interpretation such as weight, waist circumference and blood pressure.

6. The description of the analysis used was very brief. What were the hypotheses and what comparisons were planned.

7. What were the a-priori sample size calculations for each hypothesis/outcome.

8. When was the critical endpoint to be evaluated (?30 months).

9. The description of the results in the text is too brief.

10. Tables 2 and 3 are very large and it is difficult to make comparisons between
Group A and B which is the principle focus of the study (not the trend in each group over time).

11. The discussion could benefit from more structure (key findings related to the hypotheses of the trial, comparison with other research findings, limitations of study, implications for practice etc). The first and second paragraphs begin with the same clause about mortality but go on to discuss a range of issues related to the implications of the study.

12. In the first paragraph on page 9 there is discussion of the treatment of weight in people with type 2 diabetes. This is presumably because BMI did not change. However there was little change in other variables HbA1c - something that was not commented on. The difficulty reducing weight in patients with type 2 diabetes is well known. However I am unaware that pharmacological interventions have been demonstrated to be effective over the long term in this group of patients. There should be discussion of other interventions (behavioural, surgical) which have been demonstrated to be effective.

13. Unfortunately, the paper has numerous grammatical errors and will need to be carefully edited.

14. Tables 2 and 3 are formatted in a way that is confusing (eg the row for waist circumference in table 2 is blank with the data for both men and women contained in the next row).

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Not suitable for publication unless extensively edited

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

Declaration of competing interests:

I declare that I have no competing interests