Reviewer's report

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

Version: 5 Date: 28 January 2008

Reviewer: Mark F Harris

Reviewer's report:

I am satisfied that this revision addresses the majority of the issues raised in my review of the paper.

1. There is however one item which has not been included: an a priori sample size calculation for the hypothesis that there will be no difference between family practitioner and specialist care. This could be included in the methods/analysis section.

2. In the introduction reference has now been made to Griffin. However the key relevant finding of this meta-analysis was not only that GPs without support provided care associated with adverse outcomes but also that “in shared care schemes featuring more intensive support there was no difference in mortality between care in hospital and care in general practice, glycated haemoglobin tended to be lower in primary care and losses to follow up were significantly lower in primary care”.

3. I would suggest that the abbreviation "DPts" be not used especially as there are many other abbreviations for the reader to cope with (eg FP).

4. The paper still contains numerous grammatical errors especially in the introduction and discussion which need to be corrected.

For example Para 2 in the introduction could be edited as follows:

Data from the Steno 2 study (3) show that a multifactorial intervention involving multiple risk factors significantly reduces the risk of both cardiovascular and microvascular events. However, other approaches are possible. Patients assigned to conventional treatment were treated by their general physicians (GP). Meanwhile these assigned to the intensive group were followed up by a specialized team at the Steno Diabetes Centre. Glycemic targets during last period of follow-up were similar in both groups. Despite suboptimal glycemic control in both groups, GPs were unable to achieve low-risk values in a similar percentage of patients as the specialized centre, indicating scope for diabetes management at primary care level to be improved. Inadequate glycemic and modifiable risk factors control are due both to patient non adherence, and to the failure of providers to initiate or intensify the therapy appropriately (4-8). In addition, GP care without well developed support for family doctors were associated with adverse outcomes for diabetic patients (9). Surveys in Spain revealed that metabolic control of diabetic subjects treated at primary care level (10-15) were worse than in diabetes centres (16-17). These finding suggested
that diabetes management in primary care level might be improved if diabetes specialist strategies were implemented by GP.

Para 1 in the Discussion could be edited:-

Cardiovascular events remain the first cause of death in people with diabetes, and multifactorial treatment is the cornerstone to improve outcomes. Treatment of type 2 diabetic patients is mainly provided by the FP. Data in this study suggest that the impact on metabolic outcomes of continuous coordination between FP and the specialized diabetes team allows diabetic patients treated in the primary care setting to obtain similar levels of ATP III treatment and Steno goals than diabetic patients treated by a specialized diabetes team. More than 75% diabetic patients with peripheral vascular disease treated at primary health care level achieved adequate targets for diastolic blood pressure, cholesterol, LDL-cholesterol and triglycerides levels (also apolipoprotein B values). Also more than 35% of patients achieved Hb1c level <6.5%, and most of the patients were anti-aggregated. These figures were maintained at the end of follow up. In addition, there were no differences between these outcomes and those of the patients treated exclusively in the endocrinology service. These percentages of patients in low-risk values are similar to that reported for patients treated by the Diabetes team in the Steno study. However in our study, twice the percentage of patients achieved an HbA1c <6.5% compared with the Steno group, similar that reported in specialized centres in Spain (16, 17), and significantly greater than the reported in primary health settings in Spain, including diabetic patients at low-risk (10-15) and high-risk (21). Similarly, the achievement of the ADA recommendations among US adults in clinical practice is no better than in the current study (23).

Similar editing is needed for rest of the Discussion section.

**What next?:** Accept after minor essential revisions

**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