Author's response to reviews

Title: Comparison of diabetes management in five countries for general and indigenous populations: an internet-based review

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Author's response to reviews: see over
Dear Editor,

Thank you for providing reviewers’ comments and the opportunity to further revise the manuscript. We have addressed issues raised by the reviewers, as outlined below:

**Reviewer Mark Harris**

The reviewer had no further comments and suggested acceptance for publication.

**Reviewer Stewart Harris**

*The title and objective of the manuscript still focuses on assessing diabetes care among indigenous populations, however, very limited results on this and little discussion.*

*I think the manuscript would benefit by removing the “indigenous” focus and perhaps revising to reflect a broader sub-group analysis as general practice versus specialist care centre is also included.*

Assessing diabetes care among indigenous populations was one of the objectives of this review. It was revealed that New Zealand and the US had relatively well-developed routine data collection systems to provide diabetes care data for their indigenous populations. In contrast, there were little diabetes care data available at the national level for indigenous peoples in Australia and Canada. Deficiency of indigenous data for the two countries itself is an important finding, highlighting the need for policy and practice development to address this information gap. Excluding the objective and related results on the basis of data deficiency in some countries would result in omission of this important finding. A relevant discussion of the Indigenous data issue has been included in the last paragraph on page 13.

For the above-mentioned reason, we retain the indigenous focus as one of the objectives of the review. Another objective of the review was to compare diabetes care in general populations among five selected countries, and the result section has included sub-group...
comparisons (e.g. general practice vs specialist care centre) for general populations when appropriate.

The abstract needs clarity. For example, in the “Background”, 2nd sentence: what challenges? 3rd Sentence: performance data? The “Results” section would be more meaningful if better descriptive were used as opposed to the number of OECD indicators with data availability. If the OECD indicators play a major role in the results, then the Background should focus on explaining the indicators.

We have revised the abstract in line with the reviewer’s suggestion to improve its clarity. In the background, we specified the challenges as reducing diabetes-related morbidity and mortality. ‘Performance data’ has been replaced by ‘data’. Brief information on OECD diabetes indicators has been incorporated into the background section. In the method section, we have specified the content for each of the six OECD indicators – this addresses the concern of the reviewer regarding the meaning of the indicators presented in the result section of the abstract.

Page 3, 2nd paragraph, 2nd sentence: should read “expenditures”

The change has been made as advised.

Page 3, 3rd paragraph, no comment on US and Canada national efforts/programs

Information on relevant national diabetes initiatives from the US and Canada has been incorporated into this paragraph.

Page 3, 5th paragraph, 2nd sentence: what problems? Diabetes or unhealthy diet, decreased PA...just needs to be revised for clarity.

We have clarified that the problems are lifestyle-related risk factors as mentioned in the 1st sentence.

Page 3, “Diabetes epidemic among indigenous populations”: A comment regarding the homogeneity of causes for the diabetes epidemic despite the diverse geographical locations, cultures and traditions would help given the focus of the manuscript is cross country comparisons.
We appreciate the reviewer’s thoughtful suggestion and have incorporated the comments regarding the diversity into this paragraph.

*Discussion of data quality: Needs to be expanded. What does this tell us? What happened to the sources rated as poor? Were they excluded?*

We have expanded the discussion of data quality as suggested and added a paragraph (the last paragraph) on page 10.

*Page 8, 7th paragraph, last sentence: Specify what is meant by “relatively poor” what were the results?*

We have revised the sentence to improve its clarity (see the 8th paragraph on page 8), and now it reads as “Control of HbA1c among American Indian and Alaska Native patients (31% with HbA1c<7.0%) was poorer than that among general patients (range 30-46%) in the US (Table 8)”.

*I think the rationale for choosing the 5 countries still needs some work. For example, criteria #1: “all countries have advanced economies and have English as a major official language” – how is this significant? Why was this used as a criteria? I think the English criteria is for the inclusion of reports and should be listed as such; not for country selection.*

Following the reviewer’s suggestion, we have removed the statement regarding the use of English criterion for country selection (see the 5th paragraph on Page 4), and clarified that only English reports were included in this review (see the first paragraph on page 5).

We hope this revision meet with your satisfaction.

I look forward to hearing from you.

Best wishes,

Damin