Author’s response to reviews

Title: A successful chronic care program in Al Ain-United Arab Emirates.

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Author's response to reviews: see over
Thank you for the comments. It did produce a better document. Below is the response to the issues raised indicated in blue. As well changes in the MS document uploaded is in blue.

We have sent the document after the required revisions was made to BioMedEs.co.uk and they did edit the MS.

Please let me know if there is any point that we have not covered.

Thank you and best regards,

**Major Compulsory Revisions**

**Results:** reference to an ‘alarming situation’ – specify why/how it was alarming and in relation to what standard.

> It is alarming because the prevalence of the cardiovascular risk factors surveyed were high and specifically diabetes prevalence in the United Arab Emirates now considered among the highest in the world, probably the second.

The issue of sustainability is still not adequately addressed. It is clear from the data that the improvements in some key measures were not sustained over time, but this is not adequately acknowledged or discussed in the discussion section.

This was rewritten and is indicated in blue in the MS.

The limitations of the study methods are not adequately acknowledged. Specifically the limitations of the validity of the measures with respect to describing changes over time should be addressed. Specific issues in this regard include different participating health centres at different time intervals and differences in sampling methods and numbers of client records at different time intervals.

This was addressed towards the end of the discussion in the revised MS. With regards to sampling methods and numbers of client records at different time intervals, the numbers of records audited was decided in proportion to the center size. The sample was extracted from the appointment books of patients attending in the three month period prior to the audit as mentioned in the method section. This was the best available method to retrieve records in the current medical records system (no centers database, no computerized data of patients). The number of the centers were all centers within the city which follows Al Ain Primary Health Care. Due to 3 centers moving to different organization, they were excluded in the 2008 audit. And with the different number of centers participating the total number of clients had differed.

**Minor Essential Revisions**

Revised in blue color: First paragraph of discussion should not repeat information in the background methods but should rather focus on summarising the key findings in relation to the project objectives.
Revised: There are still multiple typographical errors, many relating to punctuation, but also other relating to tense and singular / plural. The tables also contain typographical errors (notably table 1).

Revised: The abbreviation HbA1c appears in at least two different incorrect forms. Pg ? ‘advice’ should be ‘device’.

Revised: The numbering of tables should be in the order in which they are referenced in the text.

Revised: Table 3 – abbreviations should be clarified and it should be made clear that the data in the ‘totals’ columns refer to %.

Revised: Table footnotes should be presented in a standard form.

Revised: Table 5 – what does ‘5/7’ mean? This should be made clear – tables should be self explanatory. It means 5 Out of 7 patients and is removed in the revision to avoid confusion.

Revised: Table 6 – What do p values of 0.0 refer to? These figures should be ‘<0.01’ or ‘<0.001’. Use standard numbers of decimal places for p values.