Author's response to reviews

Title: Into the Abyss: Diabetes process of care indicators and outcomes of defaulters from a Canadian tertiary Care Multidisciplinary Diabetes Clinic.

Authors:

- Janine Malcolm (jamalcolm@ottawahospital.on.ca)
- Julie Maranger (jmaranger@OHRI.ca)
- Monica Taljaard (mtaljaard@OHRI.ca)
- Baiju Shah (baiju.shah@ices.on.ca)
- Chetna Tailor (chetnatailor@hotmail.com)
- Clare Liddy (cliddy@bruyere.org)
- Erin Keely (ekeely@ottawahospital.on.ca)
- Teik Chye Ooi (tcooi@ottawahospital.on.ca)

Version: 3 Date: 24 June 2013

Author's response to reviews: see over
Thank-you for the thoughtful review of our paper. The responses to the reviewer’s comments are outlined below.

Reviewer 1:

Minor Essential Revisions:
1) suggest listing the 2003 CDA clinical practice guidelines targets, especially for an international audience that may not be familiar with them

These targets are already listed in the original manuscript on page 6.

2) suggest discussing how these are different from the 2013 recommendations so that the reader can interpret accordingly

An explanation (highlighted in yellow) has been added to the methods to highlight the differences between the 2003 and 2013 guidelines on page 6. The additional paragraph is below:

This study was developed prior to the publication of the 2013 CDA guidelines, at which point some of the targets changed. The 2003 guidelines differ from the 2013 guidelines in a few minor areas. The glycated haemoglobin target remained ≤ 7% for most patients with type 1 and type 2 diabetes; however the 2013 guidelines allow for greater individualization of targets for patients based on their age, duration of diabetes, risk of severe hypoglycaemia, life expectancy, and presence cardiovascular disease. The LDL-cholesterol target has dropped to <2.0 mmol/L based on evidence from a number of large randomized controlled trials published after the 2003 CDA guidelines. The blood pressure targets remained the same. As these changes were minor, the difference in guidelines from 2003 to 2013 do not have a significant effect on the interpretation of the results.

3) suggest explaining (if possible) why it has taken 8 years to publish the information and whether any relevant changes in the clinical environment may have occurred (or not) in the last 8 years that may alter the interpretation of the information

The first part of the study (the chart review alone) was initially submitted alone and was found to have insufficient data and interest. The initially
negative review took over 8 months to obtain. We then decided to take the
time to design and conduct the second part of the study (the link to ICES
data). This is the first time that both the chart review combined with the
ICES data has been submitted for review.

There have been no significant changes in the clinical environment that
would alter interpretation of the results.

Reviewer 2

first describe data sources, ie. FEDC, linkage to ICES, and OACIS, then
define subjects, then discuss measures (is there any info on inter-rater
reliability?)

The methods were rearranged to adhere to the suggested format.

A method to ensure inter-rater reliability is described in the manuscript.
Although we did not have the resources to conduct double abstraction of
data, the two reviewers met regularly to discuss issues with data abstraction.
A sentence has also been added to the limitations section of the discussion.

Additional comments:
1. Sample size should be included in the abstract

The sample size has been included in the abstract

2. in statistical analysis, what is meant by "normal theory methods"?

The sentence containing the term normal theory methods was clarified to the
following:

Using the linked health administrative data, dichotomous process of care, and
outcomes of defaulters, the retained and discharged groups were described using
point estimates with 95% confidence intervals for proportions using the normal
approximation to the binomial distribution, or the exact binomial method in the case
of small frequencies.

3. use "one-way analysis of variance" throughout methods

The methods have been corrected to use one way analysis of variance
instead of ANOVA has been used throughout the methods.

4. several times the phrase, "defaulters had a trend" is used, was this a
statistically significant trend?
This was not a statistically significant trend, but came close. If the trend was statistically significant, the term statistically significant was used in the text. The term trend has been replaced in the text with numerically better.

5. why no pair-wise comparisons for table 3?

Because the 1-year outcomes were considered secondary outcomes, and to avoid further increasing the number of pairwise statistical comparisons, we did not attempt to conduct pairwise comparisons for these outcomes.

6. for discussion, what is the implication of the 2008 CDA guidelines vs. the 2003 guidelines?

This was addressed in comments from reviewer 1.

The tables are presented in the order they are cited and the format has been modified to fit with the guidelines of the journal. The figure file has been modified to remove the figure title as specified in the instructions for authors.

With kind regards,

Janine Malcolm MD, FRCPC

Regards,

Janine Malcolm
Assistant Professor
Program Director
Training Program in Endocrinology and Metabolism
University of Ottawa