Reviewer's report

Title: Self-reported diabetes is associated with self-management behaviour: a cohort study

Version: 1 Date: 13 February 2008

Reviewer: Martha M Funnell

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This article describes a large survey to determine patient-reported diabetes compared with physician diagnosed diabetes and its impact on behavioural, utilisation and clinical outcomes. The diabetes-related question was part of a larger survey and thus provides a representative sample of the population assessed. Unfortunately, there was only 1 question about diabetes and the opportunity to ask if patients had ever been told they had diabetes was not, which would have strengthened the findings.

Of concern is how the behavioural, utilisation and clinical outcomes are discussed. The only behavioural outcome that was assessed was blood glucose monitoring and only among people 65 and older. While it is a marker of behaviour, it is not a surrogate for the myriad other behaviours needed to manage diabetes. Thus, the results would more accurately reflect just that one behaviour rather than self-care behaviours in general. In addition, rather than using monitoring as a marker for non-awareness of diabetes, simply asking the patient what they understand about their diabetes would be a more effective and efficient approach. Any patient who does not monitor needs more education about the usefulness of monitoring in self-management decision-making regardless of the reason.

The clinical outcomes were not clear. Hospitalisations are more generally considered utilisation. Very few patients with type 2 diabetes experience gangrene or hypo or hyper glycaemia that is severe enough to warrant hospitalisation and many do not make the link between a heart attack and diabetes. The number of type 2 patients who are referred to specialists is also fairly low and the acknowledgement by patients who have seen a specialist may reflect that their diabetes has reached a stage where denial is no longer possible or the treatment they need is more complex.

What these findings most likely represent is the all-too-common hesitation by physicians to use the word diabetes and to address its seriousness with patients. Instead they talk about high blood sugar levels or "borderline" diabetes that patients understandably do not interpret with the seriousness diabetes warrants or even as a diagnosis. Using these results to convey that message appears to be both appropriate and important.
What next?: Accept after minor essential revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I have no competing interests