Reviewer's report

**Title:** Suspected retinopathies in optometric practice with emphasis on patients with diabetes: a cross-sectional study

**Version:** 1  **Date:** 23 August 2007

**Reviewer:** Jill E Keeffe

**Reviewer's report:**

**General**

The need to detect retinopathy in patients presenting to optometrists is important but this paper has many major limitations that question the validity of the findings.

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**Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)**

1. The proportion of optometrists is not given so there is no way to judge how representative this report might be. The report states the number who participated in the survey (212) but there is no indication of the total number in Norway or the number to whom the survey was sent. The Discussion mentions non-participants but the number is not given.

2. The definition of retinopathy needs to be given, whether it be changes in the macula, microaneurysms, changes in retinal vessels, etc. Were definitions given in the survey as to what were significant signs/changes so there was uniformity in what was included by participant optometrists or did participants define the changes? Without definitions of the different types of retinopathy it is not possible to know what signs each optometrist considered to be retinopathy. The term “possible retinopathies” is also used. What are these? Similarly the term “suspected hypertensive/vascular retinopathy” is used; without definitions of what was included prevalence figures could be very unreliable.

3. Previous history of diabetes or retinopathy is reported for patients. There is no indication of whether patients reported “previous history” or whether optometrists had the record of history in previous case notes.

4. Were diabetes and hypertension self-reported or verified from medical records?

5. More details about the types of questions and the content of the survey need to be included.

6. A study that collected patient information that was reported by health professionals must have ethics approval.

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**Minor Essential Revisions (such as missing labels on figures, or the wrong use of**
a term, which the author can be trusted to correct)

1. It is not clear what “The Norwegian general population” is. The graph shows unequal ranges of ages with the first two groups covering from 0 to 34 years with the rest by decade.

2. The literature quoted is very limited in scope. There are many good population-based studies that give prevalence of retinopathy (diabetic or non-diabetic). There are also a number of studies of the sensitivity and specificity of the detection of retinopathy by various health professionals including optometrists.

3. The numbers of patients with diabetes, hypertension and cardio-vascular disease are quoted. Was each patient included for one disease only or multiple times if there were co-morbidities?

4. The statement in the second sentence of the Conclusion is not clear.

5. In the results a p value only is given for the comparison of use of ophthalmoscopy in people with and without diabetes. The rates for each should also be shown; a p value by itself is not acceptable.

Discretionary Revisions (which the author can choose to ignore)

1. The language in many places is difficult to follow. An example is the second last paragraph in the Results.

2. Sentences in the last paragraph in the Background are repetitive.

What next?: Reject because too small an advance to publish

Level of interest: An article of limited interest

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

'I declare that I have no competing interests'