Reviewer's report

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

Version: 1 Date: 12 September 2007

Reviewer: Somdutt Prasad

Reviewer's report:

General

A very interesting and important study, as this represents a report on diagnosis and management of retinopathy in routine optometric practice with a large sample of over 4000 patients. There is very little in the literature on this subject, although this is an important part of eyecare in many healthcare systems. I commend the authors on addressing this matter in their report.

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Major Compulsory Revisions

1. The method of the ‘practice registration’ part of the study needs to be clearly described. Were the details of the 20 consecutive patients, self reported for the study by the optometrists or recorded by a researcher?

2. Since this is not a Ethics Committee approved research project, one would like to be reassured that either patients had consented to their data being shared, or all patient data was anonymized by the optometrists before being passed on to the research team.

3. The method of ophthalmoscopy if recorded needs to be mentioned. It is well established that direct ophthalmoscopy is not reliable as a means of screening for diabetic retinopathy, and methods like indirect ophthalmoscopy on the slit lamp (e.g. 90D lens) are required for this task as they allow stereoscopic vision.

4. The low frequency of dilatation means that the fundus examination is unlikely to be reliable in this setting.

5. The reason for non-referral of identified retinopathy, if known, should be described. It is very worrying, if not outright dangerous, that a large proportion of patients who were identified with retinopathy were not referred for medical attention. If there were good reasons for this (e.g. patient already under appropriate medical supervision), then this needs to be brought out.

6. The authors acknowledge that study participants were thought to have a higher level of expertise than the ‘average’ optometrist in that community. The diagnostic accuracy of the study optometrists is so low, that it would be fair to label it inaccurate. Because of this, I do not think the conclusion reasonably represents the findings. The data provided suggests that optometrists (in that setting) are unreliable as far as diagnosis of retinopathy is concerned, and as
such, alternative ways of assessing and screening for diabetic retinopathy are essential, as the optometrist's findings cannot be relied upon in this setting.

Minor Essential Revisions
None

Discretionary Revisions
1. I agree with the authors that the role and scope of optometric practice differs in various health systems. I think it would be essential to re-emphasize this in the discussion, as one needs to be clear that the report should only guide healthcare policy decisions in the community where it was done.

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

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.