Reviewer's report

Title: Documentation and Control of Body Mass Index and Associated Risk Factors in a Large Primary Care Network

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Reviewer: DOMINGO OROZCO-BELTRAN

Reviewer's report:

The question posed by the authors is well defined. The methods were appropriate and well described.

Major compulsory revisions

One possible limitation that has not been addressed by the authors is the validity of the data. It seems a very high level of control in a “normal” clinical practice attending a population with a 30% obesity prevalence. More than 40% of diabetic patients show all three risk factors controlled. In NHANES study only 7.3% attained recommended goals of HbA1c level less than 7%, blood pressure less than 130/80 mm Hg, and total cholesterol level less than 200 mg/dL (5.18 mmol/L) (Saydah SH et al. JAMA 2004;291:335–342).

It is surprising too that cholesterol test were ordered on most obese patients than fasting glucose (78% vs 37%). Is cholesterol testing a “capillary blood test” and fasting glucose a “plasma glucose test”? Is “casual glucose” a “capillary blood test”? How can the authors explain these differences? Test monitoring using capillary blood has advantages over laboratory venous glucose testing because the results can be obtained rapidly at the “point of care,” where therapeutic decisions are made. Testing to detect pre-diabetes and type 2 diabetes in asymptomatic people should be considered in adults of any age who are overweight or obese (BMI >=25 kg/m2) (Standards of medical care in diabetes--2009. American Diabetes Association. Diabetes Care. 2009 Jan;32 Suppl 1:S13-61).

A pay-for-performance scheme based on meeting targets for the quality of clinical care could increase the rate of improvement in the quality of care. Were there “pay-for-performance” scheme in the Practices?

Bivariate analysis has been made to compare patients with or without documented BMI. Multivariate analysis must be performed for a more accurate conclusion. The same could be said for analyzing associated factors to obesity.

I think the paper could improve its interest if the causes of variability for registration/control between practices were performed.

Minor essential revisions

Conclusions are very large. It must be shorter according to the objectives.
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'