Reviewer's report

Title: The association between foot-care self efficacy beliefs and actual foot-care behaviour in people with peripheral neuropathy- a cross sectional study

Version: 1 Date: 24 July 2008

Reviewer: Katarina Hjelm

Reviewer’s report:

I hereby send my referee report on paper by Perrin et al "The association between foot-care self efficacy beliefs..." as I am on holiday and working from a temporary computer.

1. Question posed is new and well defined.

2. Methods - This section needs more work as it is not completely described. The first question is whether Who made the clinical determination of "loss of protective sensation" in the feet. The second is whether it is self-reported data or clinical data or what? The third is who interviewed the patients? Did the patients answer a questionnaire?

In the section I do not understand how self-efficacy and foot care behaviour including preventive behaviour was defined or determined.

I do not either understand what "a maximum score of sixty is possible, indicating a higher level of self-efficacy beliefs" or "it has strong content validity based on established 'diabetic foot guidelines' but a stringent validation process has yet to be published". Clarification needs of level of how the concepts was defined and measured.

3/4. Results - Table 1 - what does some secondary, some university, postgraduate mean and how does it differ from the other alternatives of education? For eg university could be defined as <2> yrs.

Isn't this a sample of mainly low educated men with type 2 DM?

In this section you are talking about "patients who had a history of foot pathology" wasn't it self-reported data or?! Further, in the Discussion you are talking about "actual foot-care behaviour"! This need to be changed.

5. The conclusion is not in agreement with the aim of the study.

In the Discussion I do lack reflection on what the sample characteristics mean for the results. Is this a representative sample as it includes mainly men (76%), being old (64.49 yrs) and having type 2 DM (90%)? What does the sampling procedure with inclusion of persons (and set inclusion criterias) with self-reported data mean to the results? Would the results have been different with persons being clinically investigated and the use of medical record data? What does
gender, type of DM and pervceived seriousness of DM imply on foot self-care
behaviour? (See eg studies by Hjelm et al).

I do also lack discussion of what the instruments actually measure. Is it really
self-efficacy? This again need to be related back to definitions and
determinations of levels defined mentioned above.

I would also like the authors to refer to the literature when talking about "the
apparent inconsistency in the literature".

The most important critique in here is what are the instruments really measuring?

6. Title is ok. Abstract does not adhere to the content in the paper as concerns
methods used. Is it an interview study or a self-report pen-paper questionnaire?
What instruments were used in the study to measure self-efficacy and foot-care
behaviour?

Conclusion is not in agreement with aim of the paper.

Need to be clear that it is self-reported data.

7. Writing is acceptable after minor language corrections. QUALITY OF
WRITTEN ENGLISH IS ACCEPTABLE.

Thus, the comments above are MAJOR COMPULSORY REVISIONS.

My advise is:

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.

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Quality of written English: Acceptable

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

Declaration of competing interests:

The Reviewer for this manuscript submitted the review via e-mail and
consequently has not been able to complete the 'Declaration of competing
interests' statement. Due to the reviewer currently being unavailable via e-mail,
the editors have taken the decision at this stage to pass on the review prior to
having this statement completed by the reviewer.