Reviewer’s report

Title: The foot-health of people with diabetes in a regional Australian population: a prospective clinical audit

Version: 1 Date: 27 November 2011

Reviewer: Vanessa Nube

Reviewer’s report:

This study documents the characteristics of a population of patients attending a variety of podiatric services within a region. It is a heterogeneous group of podiatric services with different aims dictated by their funding source. This is well described in Table 1. It is entirely understandable that these services attract and retain patients (data are taken presumably from both new and existing clients of the service) with different characteristics. This is well illustrated in Figure 2.

The authors have given us some good data which makes a valuable contribution.

The discussion however elaborates significantly on the findings but for the most part, does not add to our understanding of the data. It is overly long.

Some of the conclusions drawn are stretching the data presented.

See detailed comments below.

Major Compulsory Revisions

1. Abstract. The participants with neuropathy were older than those with no neuropathy, those with neuropathy + previous history and those with active foot pathology + neuropathy. The statement in the results that “Higher risk at baseline was associated with younger age” is an oversimplification. Please rephrase this to include which groups are being compared and report the ages as reported in the main text.

2. The study cited in page 11 paragraph 1 provides important data on hospital separations and the impact of socio-economic disadvantage but does not draw conclusions about the incidence of diabetic foot complications per se. Other factors such as access and how the condition is managed will affect admission rates. The results of the current study add to the body of data for this region but are not evidence of a higher incidence of disease in the regional population. The 30% rate of foot ulceration for the Diabetic Foot Clinic cited elsewhere as “in press” may also be explained by re-ulceration. It would be interesting to know if this ulceration rate is in a population of people with previous admission for diabetes-related foot complications. This section needs revision in order to be relevant to the results or deleted.

3. Page 12, paragraph 1. Delete this paragraph on IRSD as it does not relate to
results.

4. Page 13. Delete the paragraph on dermal thermography as it does not relate to results.

5. In the conclusion, the proportion of patient at significant risk might be better described as half. Consider as a discretionary revision - relating this to recommendations of the National Guidelines already cited and using the terminology used in this document.

6. Figure 1 needs more explanation

7. While the definitions are published elsewhere, defining the characteristics (which are not adequately represented in Table 2) for each risk category would improve understanding of the results. Consider combining tables 2 and 4. As an example:

Pooled risk category Definition / characteristics Frequency
1= No Neuropathy (Sensate to 10 g monofilament), No ischaemia (ABI >0.8, Toe systolic pressure 45mmHg) 2= Neuropathy with or without foot deformity, No ischaemia 3= History of neuropathic foot ulcer and/or Charcot’s joint, No ischaemia 4= etc

Minor Essential Revisions
1. In the aim: The term “to document” rather than “to understand” may be more appropriate

2. Page 4 Line 16 “Over ten years ago”... move reference to later in the sentence

3. The use of the term “baseline” in the abstract implies further results are available. As this is not the case I suggest this be rephrased.

Discretionary Revisions

1. Page 5, line 2. Suggest the authors refer to ANDIAB data for foot complications taken from a survey of >3000 adults attending Diabetes Centres across Australia. 25.5% had Peripheral neuropathy. View the report for their statement of “Who will access a Diabetes Centre”. http://www.health.gov.au/internet/main/publishing.nsf/content/A1005EC898900956CA2571310006746B/$File/and04all.pdf

2. Page 11, paragraph 2. The age of those with active foot pathology is comparative to other published data on patients with foot ulceration. The majority of participants in the current study (85.6%) are older people with diabetes, half of which are have “no neuropathy” and are attending a service aimed at primary prevention and care of the frail elderly. The authors’ phrasing may lead readers to conclude that those who ulcerated in this study were unusually young which is not the case.
Level of interest: An article of importance in its field

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