Reviewer’s report

Title: Primary care physicians’ practice regarding diabetes mellitus diagnosis, evaluation and management in the West region of Cameroon

Version: 2
Date: 13 January 2015

Reviewer: Jean Joel Bigna

Reviewer’s report:

I read with great interest the work done by Jingi and colleagues. This work is important for improving the diagnosis of diabetes and monitoring of diabetic patients. One of the keys to hunker down diabetes is to have competent actors in order to get there. This study demonstrates that in the West Region of Cameroon, the level of knowledge is inadequate, attitudes and practices are questionable. This study will allow decision making to implement a policy to address these problems.

Nevertheless, it is necessary to make some clarifications in this manuscript to improve its quality. Below are my comments.

Major compulsory revisions

1. Authors should indicate the profile of the person and how much persons conducted the interviews.

2. Authors should list the reasons of non-inclusion of the 45 excluded PCPs. (Declined to participate [n = ?], Others reasons…)

3. Authors should explain why they choose to dichotomize the ages with cut-off at 35 years. Same comment for duration of practice (10 years) and number of patients seen per day (10 patients/day).

4. What is the specialty of physicians who were not GP? I think this is important to specify. Among those who were not general practitioners, were there no specialists in internal medicine, endocrinology or any other subspecialties of internal medicine, for example? These physicians may be more skilled than others (generalists and others specialists) in the management of patients with diabetes. If you can provide this information, please integrate it in the analysis of the influence of background on the management and diagnosis of diabetes.

5. Regarding initial evaluation by physicians, I have a concern. Is the request for examination is not influenced by several factors external to the doctors? I think this can be influenced for external reasons to physicians. 1) Physicians may be influenced by the financial resources of the sick, and so prescribe few exams to patients with limited financial resources. 2) Some doctors could only prescribe exams available at the health center, knowing that patients would not have easily had access to these examinations. Please consider these for discussion.
6. Please precise methods used for multivariate logistic regressions. Stepwise forward? Stepwise backward? Entry in all variables block? If stepwise, what are entering p value in the model and suppression p value from the model of multivariate analysis?

7. Authors should consider in the discussion section that the reference of diabetic patients to the nutritionist may be influenced by its availability. In the Cameroonian context, in primary care setting, it is possible that there are very few nutritionists.

Minor essential revisions

8. Page 6/Line 7. Please replace “qualitative” by “categorical”.

9. Please see the following for how to cite SPSS (IBM Corp. Released 2011. IBM SPSS Statistics for Windows, Version 20.0. Armonk, NY: IBM Corp.).

10. Page 6 / Line 27. Please correct “25 (37.9)” to “25 (37.9%)” and “18 (27.3)” to “18 (27.3%)”.

11. Page 10 / Line 31. Please for citation of Spann and colleagues, precise the region or country of this study.

Discretionary revisions

12. I suggest that authors use the Generalized Estimating Equations (GEE) to comprehensively evaluate the diagnosis and management of diabetes. The four elements used in Table 3 ("-incorrect definition of diabetes mellitus with regard to the level of fasting plasma glucose; -no recommendation of lifestyle modifications; -incorrect attitude Pendant diabetic patients 'consultation and -incorrect attitude When patients' glycaemia has-been normalized ") can serve as score. Physicians will have a score ranging from 0 to 4 using the 4 items listed above, regarding the diagnosis and management of diabetes. This will allow authors to have a more comprehensive view of the problem.

13. Authors can also perform another analyses without dichotomization of variables.

Level of interest: An article of outstanding merit and interest 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 interest.