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 February 2015

Reviewer: Elizabeth Beverly

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Major Compulsory Revisions:

1. The authors conducted structured interviews with a pretested questionnaire. Additional details about the structured interview process are required. For example, were all of the interviews conducted by the same researcher? Were the interviews audio recorded in addition to filling out the questionnaire? Did the physician have the opportunity to read the questions along with the interviewer?

2. In the Methods section under “Treatment and follow-up of diabetes patients,” the authors categorize physical examination measurements as attitudes. A physical examination is not a physician attitude. Use of the term attitude is very misleading. Further, the authors categorize ‘attitudes’ as ‘good’ or ‘bad’ which implies a value judgment. I strongly recommend that the authors do not use this terminology as it does not accurately reflect the information garnered from the questionnaire. The authors could rename this variable as ‘complete physical examination’ and ‘incomplete physical examination’ to more accurately describe the data.

3. In the Methods section under “Treatment and follow-up of diabetes patients,” the authors categorize the normalization of a patient’s glycemia as ‘good’ if the physician maintains the current treatment or ‘bad’ if the physician reduces the dose of the medication, switches to other drugs, or stops the treatment. This categorization is too simplistic and ignores key information pertaining to patients’ treatment and health outcomes. For example, a patient may have a hemoglobin A1C of 6.5% but be experiencing hypoglycemia, particularly if prescribed a sulfonylurea (one of the main classes of medications prescribed by the physicians in the study). If a patient is experiencing hypoglycemia, a physician may recommend that a patient change his/her dose or switch to another medication. Thus, this question does not reflect the complexities of diabetes care. The authors should remove the value labels of ‘good’ and ‘bad’ from this question or consider deleting it from the analysis as it does not adequately reflect a physician’s knowledge about diabetes treatment.

4. In the Discussion section, the authors place numerous value judgments (e.g., bad, ignorant) on the physician participants in the study. The authors need to be careful to not include personal opinions about the participants in the study, but rather focus on describing the data factually and without judgment. For example,
on page 8, line 20, the authors should remove ‘bad’ from the sentence. Here is a revised sentence that does not include value judgments: “This study shows that the majority of PCPs knew the DM diagnostic criteria for FPG (72.7%); however, fewer PCPs knew the criteria for other glycemic parameters such as PPG, random glycemia and HbA1c (37.9%, 19.7%, and 32.8% respectively).” Also, on page 10, line 6, the authors should remove the term ignorant from the text. Here is a revised sentence: “These results suggest that our PCPs may not be familiar with international guidelines with respect to evaluation of diabetes patients and control of comorbidities.” The authors need to go through the text line by line and remove all descriptions of the findings that include value judgments.

Minor Essential Revisions:

1. The authors use the term “diabetic” throughout the manuscript. On the simplest level, the use of the term “diabetic” demonstrates lack of familiarity of the literature and accepted current norms. The authors should use the term “diabetes patients” or patients with diabetes.”

2. On page 8, line 24, the authors use the term ‘rendezvous’ to describe diabetes follow-up. This term is not appropriate and should be removed. I recommend the term ‘appointment’ or ‘meeting.’

3. On page 9, line 6, the authors state that PCPs are getting older and refer to the mean age of the study. A mean age of 38 years is not old for a PCP. The authors need to provide a better explanation for older age in this section because the mean age of the participants does not support this argument.

4. On page 11, line 12, the authors should replace the term ‘deserved’ to ‘allocated’ or ‘spent.’

5. On page 12, line 5, the authors should include the location of the study to provide context to the summary statement.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

I declare that I have no competing interests