Reviewer’s report

Title: MEETING INDIVIDUALIZED GLYCEMIC TARGETS IN PRIMARY CARE PATIENTS WITH TYPE 2 DIABETES IN SPAIN

Version: 0 Date: 24 Nov 2015

Reviewer: Peter Schwarz

Reviewer’s report:

BEND-D-1500083

Thank you very much for having the chance to review the article entitled: „Meeting individualized glycemic targets in primary care patients with type 2 diabetes in Spain”

The article addresses an important topic- how to achieve glycemic targets in diabetes care. A controversial is ongoing about what would be the right strategy to support patients to achieve glycemic targets, which role plays individualization vs. generalization? The authors performed a cross sectional analysis with 5,382 type 2 diabetes patients and analyzed three different strategies to achieve glycemic targets against each other. The authors report reached different results regarding the achievement of an HbA1c less than 7%. The authors concluded that in general there is a good concordance between the guideline-based strategies, but the HYPO strategy identified a similar proportion of patients that achieve adequate glycemic control, but the concordance of the other programs is intermediate.

Background: The article is easy to read and easy to understand. Sometimes, the references are given in different format (round and square brackets). This should be corrected. In the introduction the authors discuss the background of reaching glycemic targets, which is adequate, but I somehow miss the potential of disease management in this sector. There is work from Germany showing how a different management of care pathways also helps achieving glycemic targets and this potential should be highlighted to elaborate a complete picture of strategies.

Material and Methods: The authors report about assigning the patient into three different strategies. I do not fully understand how the assignment was performed and how the adherence to the strategy was controlled. It would be important to highlight this. Maybe this was presented in the referenced publications, but it is important to highlight it again, because it will directly reflect the quality of adhering to the standards and this will affect concordant evaluation.

I understand that the different strategies were assessed in the same population, but I do not understand why there are more patients in the HYPO group. This should be explained.

Discussion: In general I agree, but I miss the evaluation of the potential of the different strategies. Does this different strategy make sense or not? What would be the long-term potential outcome of using the different strategies? I would like it a lot if the authors could speculate on this and, finally, the authors should give a recommendation whether this strategy should be part of chronic care management and improved innovative disease management strategies as highlighted previously [1].
Thank you very much for having the chance to review this article. I recommend publication after my comments are addressed.

Sincerely yours.


**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

Yes

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Yes

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

Yes

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

**Quality of written English**
Please indicate the quality of language in the manuscript:

Not suitable for publication unless extensively edited

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