Reviewer’s report

Title: Glycaemic Control for People with Type 2 Diabetes in Saudi Arabia - an Urgent Need for a Review of Management Plan

Version: 0 Date: 14 May 2018

Reviewer: Halis Akturk

Reviewer's report:

Authors summarize the contributors to poor glycemic control in Saudi Arabia in over thousand of patients.

Minor:

1- In abstract, result section 7% HbA1c value double parenthesis instead of one.

2- In citation 52, stronger associated is wrong ,it should be stronger association.

3-In all manuscript, LDL and HDL were named wrong. LDL and HDL are end products of cholesterol synthesis/breakdown and not enzymes. LDL and HDL are not lipase, remove lipase. LDL means low density lipoprotein, NOT low density lipoprotein lipase. Same thing for HDL.

4-Add a legend for HbA1c classifications for the tables ( 1 and 2) for good, partial and good control definitions. (Mentioned in manuscript but not in table).

5-LDL, HDL, cholesterol values were mentioned in only mmol, please add mg/dl too.

Major:
1- In section operational definitions, more definitions are required to interpret results in table-2 such as family support for food and exercise sections: good, inadequate, poor; medication adherence, good, poor, moderate etc. How authors define this terms in this study? Definition of hypoglycemia, is it severe, self-reported or third party assistance required? etc.

2- How about GLP-1 analogs? Nothing mentioned about either excluded or included, only oral, oral with insulin and insulin groups analyzed. Any patient using GLP-1 analogs injectable? If excluded, why are they excluded? If not excluded, that may change the results.

3-Why during univariate and multivariate analysis hypoglycemia was compared to >6 episodes but not with no hypoglycemia as baseline? Reference was accepted more than 6 episodes and no hypoglycemia and between 1 to 5 episodes were found higher risk for poor control. Are these hypoglycemia episodes are clinical, severe, third party assistance required?

4-Regarding the paragraph ,citation 54 that explains the why insulin is a strong predictor for inadequate control may be improved. Patients use insulin have higher medication non-compliance, cultural difficulties to accept using insulin, inadequate titration of insulin, lack of follow up and self monitoring blood glucose results are likely other contributors to poor control.

5-We also don't know how many of these patients are on continuous glucose monitor or on insulin pump that may effect the results. If they were excluded, that should be mentioned and the reason for exclusion.

6-Glucometer use and frequency of hypoglycemia also can be use as a variable in figure-3, since checking BG is directly correlated for hypoglycemia in patients using insulin for hypoglycemia and HbA1c control.

7- For insulin use group, maybe data not collected but it would be better to see what type of insulin they were on, basal, bolus or mix.

**Are the methods appropriate and well described?**

If not, please specify what is required in your comments to the authors.

No
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.

No

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 recommend additional statistical review

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Please indicate the quality of language in the manuscript:

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