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: 23 Jun 2018

Reviewer: Shariq SKIMS

Reviewer's report:

GENERAL COMMENTS

This very well-written, cross-sectional study was aimed to assess the level of glycaemic control among Saudi people with type 2 diabetes and to study the factors associated with poor glycaemic control. A total of 1111 participants (mean age 57.6 years, Females 65%) were recruited of whom about three-fourths were reported to have inadequate glycaemic control (A1c ≥7%). Factors found to be associated with inadequate glycaemic control included younger age, female gender, longer duration of diabetes, living in a remote location, low fruits/vegetable intake, physical inactivity, lack of knowledge about A1c, high waist-hip ratio, and being on insulin. However the conclusions drawn by the authors in the 'Abstract are not fully justified by the results of the study except the first line that "Inadequate glycaemic control is prevalent among people with type 2 diabetes in Saudi Arabia."

SPECIFIC COMMENTS

1. In the Abstract, the conclusions drawn by the authors are not fully justified. What authors have put as conclusions are more like 'implications of the study' which could be put in the last para of the 'Discussion' (at the end).

2. Introduction is OK as such but could be made a little bit more terse
3. Defining HbA1c of >7% as inadequate glycaemic control seems to be harsh especially for elderly people and those with longer duration of diabetes. Nowadays a 'patient centric' approach is preferred over 'gluco-centric' approach. Therefore, it would have been nice if the glycaemic control was assessed on the basis individualised A1c goals rather than on a single A1c figure of 7%.

4. The statement that "prevalence of inadequate glycaemic control among people with diabetes in Saudi Arabia seems to have increased over the last two decades." seems to have been drawn out of context. In fact, most of studies show similar level of inadequate glycaemic control over time, i.e., around 70% (Al-Rasheedi AA. Glycemic Control among Patients with Type 2 Diabetes Mellitus in Countries of Arabic Gulf. Int J Health Sci (Qassim). 2015 Jul;9(3):345-50.) Otherwise also, similar level sof inadequacy of glycaemic control has been reported in most studies around the world, and the studied Saudi population seems to be no way different than other population in terms of glycaemic control.

5. There is a recent study by Alzaheb RA, et al, in January issue of 'Metab Syndr Obes', almost similar to the current study and with similar results. This study (see below) should be incorporated in the revised manuscript and discussed:


6. Tables 1 & 2 could be simplified by splitting the predictor variables like age, education level, etc. into only two categories instead of multiple categories.

7. Figures 1-3 could be combined into one or at most, two figures only.

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.

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 am able to assess the statistics

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Please indicate the quality of language in the manuscript:

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