Reviewer's report

Title: The rising burden of chronic conditions among urban poor: a three-year follow-up survey in Bangalore, India

Version: 1 Date: 17 May 2015

Reviewer: Prabhdeep Kaur

Reviewer's report:

Minor comments

Background:
• Authors mentioned intervention done after the baseline survey. It is not clear whether this intervention has any relevance in context of this study. If it is relevant, it should be highlighted and in that case this becomes pre post intervention survey. Kindly elaborate what did the trained community health assistants do in these three years.

Discussion
• Self reported Prevalence might have changed due to health seeking behavior. This need to be explained in context of any interventions that might have happened in this population.
• Authors discuss a lot from chronic disease in poor but this is not highlighted well in the results.
• Conclusions might be modified in lines of changes in the results

Major comments

Methods
• Design: It is repeat cross sectional survey. It is not clear to what extent there was overlap, in terms of resurvey of the participants already surveyed three years ago.
• KG halli: What kind of community? Is there any slum population in the area?
• Sample size: 50% inflation seems too large for non response.
• Design defect is non existent term, it is design effect and that is relevant only for cluster survey. Clarify if cluster survey design was used.
• 30 days medications in the prior month seems very unrealistic definition considering low adherence among patients with chronic diseases more so among poor. This might have underestimated the real burden. Did authors ask previous history of diagnosed hypertension/ diabetes irrespective of the treatment status. If so, this data should be presented to understand the treatment gap. If such data is available from the baseline survey, comparison of self reported disease at two time points will be useful.

Results
• What was the non response %

• Table 1 should also have the SD characteristics of population surveyed 3 three ago. It is very important to know if the populations had similar characteristics. Only then the comparison will be relevant.

• Table 2 should include the prevalence of disease with/without treatment at baseline/follow up if available. Title should be modified. It is not trend analysis, it is Comparison of prevalence of diseases in two cross sectional surveys. Term relative diff should be removed. OR with 95% CI is appropriate term.

• Table 2: % Govt. sector, does it include only first consultation in govt sector? Present the data on multiple providers, overlaps of care from public/private. That is more relevant in context of urban environment.

• In context of chronic disease treatment, major provider is very important due to long term need for care. Therefore current major provider data should be presented for both surveys, if available.

• Table 3: Title is incorrect. It should be risk factors for DM, HT, Chronic disease. Authors studied only sociodemographic factors. These are not really disease risk factors, more of effect modifiers except age. Religion can no way be considered risk factor and should be removed. Unadjusted OR should be presented first. Then it should be clarified what was adjusted in the adjusted analysis. If unadjusted OR are not significant, there is no rationale in presenting adjusted OR. CI for OR are too wide, may be inadequate sample size. P values need not be presented since 95% CI are already given.

• Table 4: Health service facility cannot used as predictor variable since it is the outcome variable also. Predictors should be independent. Poverty status/Monthly per capita income mean the same and any one can be analysed. It may be more relevant to use fifth quintile as base category in case of monthly per capita income. Model has no relevance since there is only one predictor variable. Trend Chi square across the income categories can be done.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

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

Declaration of competing interests:

I declare there is no conflict of interest