Reviewer’s report

**Title:** Trial to Incentivise Adherence for Diabetes (TRIAD): study protocol for a randomised controlled trial

**Version:** 0  **Date:** 04 Oct 2017

**Reviewer:** Katharine Barnard

**Reviewer's report:**

Thank you for the opportunity to review this article entitled 'trial to incentivise adherence for diabetes (TRIAD): study protocol for a RCT to improve diabetes outcomes through financial incentives'.

Overall, the article is interesting but unnecessary long. It is also very judgemental yet fails in any way to acknowledge that the care delivered by healthcare professionals may contribute to non-adherence through lack of clarity of instructions, conflicting instructions from different HCPs, poor communication skills on both sides and low health literacy.

Specific points:

Please replace 'patients with diabetes' to 'people with diabetes' throughout. People are people first and are only patients when they are in clinic or other medical setting.

Please replace 'poor glycaemic control' with 'sub-optimal glycaemic control' as currently worded it infers a judgement that is inappropriate.

Please replace 'uncontrolled diabetes' throughout with 'suboptimally controlled diabetes' as this infers a judgement that is inappropriate.

Please define 'normal' range.

'costly' to whom and in what terms? Costly in terms of financial burden of delivery of care/treatment or costly in terms of negative impact on quality of life of the individual and their families? Please clarify. If financial, please quantify as this is a subjective judgement that may mean different things to different people.
Please specify more clearly the participant group i.e. type 1 diabetes, type 2 diabetes, both? I assume type 2 however please clarify for the readership.

In the background (para 2), the data presented is 5 and 7 years old. Please present latest data.

Statement: 'The effectiveness of diabetes treatment crucially depends on patient adherence'. This is partially true. It also depends on the provision of best medical advice and support from healthcare professionals. Please rephrase to reflect this.

Please delete 'were greatly undermined by non-adherence' as this is inappropriate.

Please rephrase 'behavioural economic theory provides an explanation for lack of adherence …' with 'behavioural economic theory may provide …'.

Which survey questionnaires will be completed? Are these validated measures in English and Mandarin?

How has the financial incentive been calculated? How do these payments relate to the socio-economic status of potential participants?

For those participants who will be using their own meter, how will you ensure accuracy of that meter?

What is a 'fairness payment'?

Explanatory outcomes - why is 6 months HbA1c not included here?

The EQ5D is not a measure of quality of life. It is a measure of functional health status and used as part of the QALY calculation. Please rephrase to accurately reflect.

How will you know that it is the financial incentive that is effective (if it works) and not the several text messages that will be sent to participants?

The article is repetitive and could be shortened considerably if duplication were deleted.
The participation oath is ridiculous. The inference that participants may be dishonest, in itself is offensive, however to suggest that by making them sign an 'oath' would have any impact is bizarre.

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An article of limited interest

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**Statistical review**

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