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Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2013_IJTDH_7994
Title of the Manuscript:	GLYCAEMIC CONTROL IN PATIENTS WITH TYPE 2 DIABETES MELLITUS IN A SECONDARY AND TERTIARY HEALTH CENTER IN BENIN CITY, SOUTH-SOUTH NIGERIA
Type of the Article	Original Research Article

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SDI Review Form 1.6

PART 1: Review Comments

	Reviewer's comment	Author's comment <i>(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
<u>Compulsory</u> REVISION comments	Aim, p. 1 – assess diabetes in Benin metropolis? The study is from 2 hospitals and it is not likely that the results of this work can be extrapolated to the entire metropolis. Study and design, p. 1 – cannot be both cross-sectional and prospective. This is a cross-sectional study (as stated in the methods section of the paper). Materials and methods, p. 4, line 75 – a more complete description of population sampling is required. Were all patients enrolled over this 9 month period? Did anyone refuse to participate? How was type 2 diabetes diagnosed/verified? Did they have to be existing patients in the diabetes clinic or were some of them new patients to the clinic? Materials and methods, p. 4, line 80 – last sentence of that paragraph is not complete. Doesn't belong in methods. Materials and methods, p. 4, line 82 – was questionnaire self-report from patient? Was any of the information corroborated with the medical record? Can questionnaire be added as an appendix?	The aim has been changed to “ To assess the level of glycaemic control in diabetics in a secondary and tertiary health centres in Oredo and Egor local governments in Benin metropolis with a view of planning improved diabetes care” This is a cross-sectional study Last sentence has been completed and moved to page 3. Questionnaire was filled by interviewing the patients. Questionnaire is added as an appendix in the manuscript.



SDI Review Form 1.6

	Statistical analysis, p. 5 – this needs much more detail. Didn't describe how categorized data. Results, p. 6, line 129 – what was median and range of ages? If data are skewed, means are more influenced by outliers. Results, p. 6, line 135 – cut point at <7 and >7. What happens if patient has value of 7? Which group would they be in? By making only 1 cut point, authors lose a lot of information. Grouping everyone over 7 together is not the best use of the data. A patient with A1c of 7.5% is not the same as a patient with A1c of 10.5%. Results, p. 6, line 144 – blood pressure data should be better described in the methods. Were all of these patients considered to have hypertension? If not, they should not all be lumped together when analysing the data. The methods describe collecting information on medication but was this information used in the analysis? It would be interesting to know among those with a diagnosis of hypertension, how many were maintaining treatment goals (perhaps stratified by number of HTN medications) (and also how many with no documented hypertension actually had high blood pressure).	Statistical Analysis was done using SPSS VERSION 13. T-test and ANOVA were used to determine differences between means of variables in the two groups studied. Level of significance was taken at $p < 0.05$. Median age was 56 and 57 years for the patients in secondary and tertiary health centers respectively. Age range was 38-83 and 30-85 years in the secondary and tertiary health centers respectively. Patients have been grouped into those with glycated haemoglobin values below 7% and those with glycated haemoglobin of 7% and above 7% in keeping with American Diabetic Association guidelines. All the patients with high blood pressure readings in this study were already diagnosed as hypertensive and are on antihypertensive medications.
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	Results, p. 6, line 149 – how is hypertensive defined? Hypertension cannot be diagnosed based on 1 reading. High blood pressure reading would be a more accurate term. Discussion, p. 7, line 174 – how did glycemic control vary by age? The questionnaire gathered information on length of time with diabetes but that information was not utilized. It would be important to know if control was better or worse in those who have had disease for longer or shorter periods of time. Discussion, p. 7, line 184 – overweight was reported but what about obesity (BMI ≥ 30)? How did glycemic control vary by weight? Discussion, p. 8, line 206 – authors propose reasons for suboptimal glycemic control (education, economic, drug compliance, etc.). Were these items addressed in the questionnaire or could they be obtained from the medical record? If so, why weren't the data shown and why weren't they incorporated into the analysis? Authors may have some of the information to better explain the reasons for suboptimal control but need to take the analysis to the next step. Discussion, p. 8, line 229 – is there a way to get at income status in the data? Irregular hospital visits can be	Hypertension in this study was defined as two separate blood pressure readings taken at least 24 hours apart $\geq 140/90$mmHg . The patients identified as having high blood pressure reading in this study were those who were already diagnosed as hypertensive and are on antihypertensive medications. Glycaemic control was poorer in the patients above 40 years than those below 40 years. 31.7% of the patients at the secondary health center were obese and 31.5% were obese in the secondary health center. Some information obtained from medical records and oral interview revealed irregular hospital visits and poor drug compliance due to economic reasons.
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	obtained from the patient record. Discussion, p. 10, line 271 – what are the complications? Are these high blood pressure, proteinuria, etc.? These aren't necessarily complications but could certainly lead to them (e.g., myocardial infarction, renal disease, etc.). Were significant complications collected from the medical record?	Not readily available. Complications such as diabetic foot, impotence was documented in patients medical records
<u>Minor</u> REVISION comments	Introduction, p. 2 – reference 2 is for prevalence of regional diabetes within Nigeria. Reference was not accessible online but title suggests that the report covers communicable diseases, not chronic. Should check if this is the accurate source of those data. Results, p. 6 – section repeats everything that are in the tables and figure. Should be more of a summary of the pertinent findings.	Reference 2 is for prevalence of diabetes within Nigeria. The pertinent results have been summarised.
<u>Optional/General</u> comments	Sample collection, p 4 – this section provides more detail than necessary. Could summarize and combine with Methodology section. Discussion, p. 7, line 166 – how did glycemic control vary by male/females?	Sample collection has been summarised under methodology section. Glycaemic control was poorer in the females than the males in the secondary health center, while it was poorer in the males than the females in the tertiary health center.