



SDI FINAL EVALUATION FORM 1.1

PART 1:

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

PART 2:

FINAL EVALUATOR'S comments on revised paper (if any)	Authors' response to final evaluator's comments
Introduction, p. 4: what was found in the diabcare study? Subjects, materials, methods, p. 5: can you estimate the proportion of the population of Oredo and Egor that is served by these 2 facilities? What are the population sizes of Oredo and Egor? Methods, p 5: sampling strategy still not clear. In results, should state how many people refused to participate. If none refused, then in the secondary health center, over the 9 month period (Oct 2012 – June 2013), 378 (126x3) patients were seen in the health center (assuming these are unique patients but in reality this number is likely lower due to repeat visits). This equates to 42 per month or about 10 patients per week. Is that correct? Is volume that low in the diabetes clinic? Methods, p. 5: mean duration of illness and description of medications should not be in the methods section Methods, p. 5: was medication use captured from patient interview or the medical record? Many patients may not know medication names. Appendix does not specify. Results, p. 7: did not include median ages (only ranges) Results, p. 7: blood pressure results are still not well described. The authors in their comments say that all pressures that are elevated are in patients with already diagnosed hypertension. The results are given in means for all of the patients. The reader doesn't know which of those patients have been diagnosed with HTN and which have not. Although the A1C cutpoint is based on ADA guidelines, the authors are still not fully using their data. Instead of just 1 cutpoint at 7, there could be another cutpoint at a higher level (such as 9 or 10) to try to distinguish the patients with very poor control. The same goes for BMI and blood pressure. Authors define hypertension in the comments section but do not mention it in the manuscript. Authors claim that glycemic control was poorer in patient above 40 years but that is not what the data shows for the secondary health center (100% of those <40 with A1C $\geq 7\%$)	They reported that only 32.4% of the patients studied achieved the American Diabetes Association glycemic control target. Population of Egor LGA is estimated at 339,899 while that of Oredo is 374,671. Every third person that came to the cliic and consented for the study were recruited to participate in the study. Only 3 did not consent for the study in the secondary health center. The lower volume of patients seen in the secondary health center was due to occasions of industrial actions by the hospital workers which occurred in the period of study. Every occasion of the industrial action led to the closure of the hospital for period ranging from 4-8 weeks. When the strike is called off, the patients load has to be built up again, hence the low volume of patients seen during this period. Mean duration of illness is 5 years 3 months. Description of medications has been removed. Medication used was captured from both patient's interview and was confirmed from medical records. Median age has been included in the result section. 7.1% of the patients in the secondary health center had glycated haemoglobin $>10\%$ and 13.9% in the tertiary health centers. Glycemic control was poorer in patients below 40years in the secondary health center as 100% of them had glycated haemoglobin values $>7\%$.



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Added appendix but do not refer to them in the manuscript. Appendix 2 gathers data on length of time with DM but this data was not presented. Analysis of A1c values stratified by patients on various medication regimens would also be useful. Authors in their comments mention complications such as diabetic foot and impotence. These data were not presented. Figure 1 is not useful. The same data is presented in first row of Table 2	Mean length of time with diabetes mellitus was mentioned at the Materials and method section Data of the complications have been presented in table 3 The aim of figure 1 is to give the pictorial view of the level of glycemic control in the two institutions where the study was done.
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