

Review of: "Glycemic Control and Its Determinants Among Type 2 Diabetes Mellitus Patients at the Limbe Regional Hospital, Limbe, Southwestern Cameroon"

Mehrdad Larry¹

¹ Isfahan University of Medical Sciences

Potential competing interests: No potential competing interests to declare.

The authors implemented a cross-sectional study on a community of diabetic patients in a hospital in Cameroon. The results are practical but very indefinite.

Personally, I do not want to discuss about the grammar, language, plagiarism or correction of sentences.

Study design has serious issues. Glycemic control is better to be divided in two groups. HbA1c less than 7% and more than 7% according to ADA. The reason I suggest that is the low number of study sample size to achieve more accurate results and inadequate achievement of glycemic control is not clinically important. The authors have decided to analyze the data likewise so it is better to divide the patients in two groups.

Since the results are based on a questionnaire, I suggest result of the tests for validity and reliability of the questionnaire, such as Cronbach's test be included in the article.

The patients should be on a long term follow-up to determine the level of glycemic control because it is the most important factor we are talking about. Several HbA1c measurements should be done and an average must be considered.

Why age is categorized in these four groups? Why duration of diabetes is categorized in these three groups? Please refer to literature if these categories are standard for glycemic control evaluation.

Adherence to diabetic medications, self-home glucose monitoring and adherence to diet must be thoroughly described in methods and material.

There are definitely more important factors in the literature which affect glycemic control. Such as blood pressure control, lipid profile (obviously LDL-C) and others. These factors may be the underlying reason for the results of this study and should be included in the analysis for confounding effects.

Considering the results are trustworthy, besides suggestions on educating the patients which has been done, deeper etiological assessment according to previous articles and cultural habits must be added to the discussion.

As a result, the idea of the study is helpful in development of a more healthy population and less occurring complications in patients with type 2 diabetes. However, the implementation of the study, simply based on a survey filled by the

participants, which has not been tested for validity, not been measuring important serum markers and not been defining the exact meaning of variables, fails in conclusions.