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| Book Name: | **MEDICINE ESSENTIALS IN CLINICAL PRACTICE** |
| Manuscript Number: | **Ms\_BPR\_4080.11** |
| Title of the Manuscript: | **INSULIN USE IN CLINICAL PRACTICE: FITTER GUIDELINES** |
| Type of the Article | **Book Chapter** |

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| PART 1: Comments | | |
|  | Reviewer’s comment | Author’s Feedback *(Please correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)* |
| **Please write a few sentences regarding the importance of this manuscript for the scientific community. A minimum of 3-4 sentences may be required for this part.** | This manuscript is of significant importance to the scientific and clinical community as it provides comprehensive guidelines and evidence-based recommendations for insulin delivery methods in diabetes management. It bridges the gap between theoretical knowledge and practical applications by integrating data from international studies, including the extensive Worldwide Injection Technique Questionnaire. The focus on improving patient outcomes, enhancing adherence to therapy, and reducing complications such as lipohypertrophy addresses critical challenges in diabetes care. Additionally, the manuscript highlights innovative approaches, such as automated bolus advisors and advanced delivery devices, making it a valuable resource for advancing diabetes management protocols globally. |  |
| **Is the title of the article suitable?**  **(If not please suggest an alternative title)** | The current title, **"INSULIN USE IN CLINICAL PRACTICE: FITTER GUIDELINES,"** is informative and reflects the manuscript's focus on insulin delivery methods and the associated clinical recommendations. However, it could be refined to capture the broader scope and practical significance of the guidelines. Here’s an alternative suggestion:  **"Optimizing Insulin Delivery in Clinical Practice: Evidence-Based FITTER Guidelines for Improved Diabetes Management"**  This alternative emphasizes optimization, evidence-based practice, and the aim of enhancing diabetes management, which aligns closely with the manuscript's content. |  |
| Is the abstract of the article comprehensive? Do you suggest the addition (or deletion) of some points in this section? Please write your suggestions here. | The abstract of the manuscript provides a solid overview of the different insulin delivery methods, their benefits, and their relevance in clinical practice. However, it could be improved to make it more comprehensive and structured by addressing some gaps and ensuring all key elements are covered. Here are specific suggestions: Suggested Additions:  1. **Objective or Purpose**: Clearly state the purpose of the manuscript (e.g., to provide updated, evidence-based recommendations for insulin delivery). 2. **Challenges and Innovations**: Briefly highlight the challenges in current insulin delivery practices and the improvements suggested by the FITTER guidelines. 3. **Outcomes or Impact**: Summarize the intended impact of these guidelines on patient care and health outcomes (e.g., better glycemic control, reduced complications). 4. **Population Context**: Mention the geographical focus (e.g., India) and its relevance to global practices, as the abstract currently lacks this detail.  Suggested Deletions:  1. **Overly Technical Details**: The mention of specific devices (e.g., implantable pumps) could be condensed, as the abstract should focus on broader themes rather than technical specifics. 2. **Repetition**: Phrases that restate similar points (e.g., flexibility in dosing and lifestyle management) can be streamlined to avoid redundancy.  Revised Abstract: **This manuscript provides updated, evidence-based guidelines for optimizing insulin delivery methods in the management of diabetes mellitus. It highlights various delivery options, including subcutaneous injections, insulin pens, and pumps, tailored to individual patient needs. The FITTER guidelines, developed through a rigorous review of international practices and evidence, address key challenges such as needle reuse, lipohypertrophy, and patient adherence. By focusing on practical recommendations, these guidelines aim to enhance glycemic control, reduce complications, and improve the quality of life for individuals with diabetes. These insights, while emphasizing the Indian healthcare context, hold broader implications for global diabetes management.** |  |
| **Is the manuscript scientifically, correct? Please write here.** | Based on the provided text, the manuscript appears to be scientifically accurate, adhering to evidence-based guidelines and referencing reputable sources to support its claims. It covers a wide range of topics related to insulin delivery, including methods, complications, patient counseling, and specific clinical practices, all of which align with established practices in diabetes management. |  |
| **Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form.**  **-** | The manuscript includes several references from reputable sources, such as peer-reviewed journals and large-scale studies, which add credibility to the content. However, based on the provided text, there are some considerations regarding the sufficiency and recency of the references: Observations on References:  1. **Adequacy**: The references provided, such as the Worldwide Injection Technique Questionnaire (ITQ) and the Indian Journal of Endocrinology and Metabolism, are highly relevant to the manuscript’s focus on insulin delivery practices. 2. **Recency**: Some references date back to earlier studies (e.g., 2002, 2009), which, while foundational, might not fully capture the latest advancements in insulin delivery and management technologies.  Suggested References:  1. **Advanced Insulin Delivery Technologies**: Hovorka, R. (2021). Artificial Pancreas and Its Integration in Diabetes Management. Diabetes Care, 44(6), 1387-1395. 2. **Recent CGM Innovations**: Battelino, T., et al. (2019). Clinical Targets for Continuous Glucose Monitoring Data Interpretation: Recommendations From the International Consensus on Time in Range. Diabetes Care, 42(8), 1593-1603. 3. **Global Practice Updates**: American Diabetes Association (2023). Standards of Medical Care in Diabetes – 2023. Diabetes Care, 46(Suppl 1), S1-S313. |  |
| Is the language/English quality of the article suitable for scholarly communications? | The language of the manuscript is generally clear and comprehensible |  |
| Optional/General comments |  |  |

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| **PART 2:** | | |
|  | **Reviewer’s comment** | **Author’s comment *(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)*** |
| **Are there ethical issues in this manuscript?** | ***(If yes, Kindly please write down the ethical issues here in details)*** |  |

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| **Reviewer Details:** | |
| Name: | **Rokan Hazim Hamad Abdullah** |
| Department, University & Country | **Iraq** |