Author's response to reviews

Title: Determinants of long-term physical functional status after critical illness: a prospective, longitudinal, multicentre trial

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Author's response to reviews:

Review response

All modifications in the new version of the manuscript are presented in red letters. We reduced in 15% the introduction and 25% the discussion. Here are the answers to each individual reviewer.

Thank you for your suggestions.

Reviewer: Chris Winkelman

Question 1.

The goal of this study was to assess which patients have a poor long-term physical functional status after critical illness. The conclusion of the study is: The medical and unplanned surgical ICU-survivors presented PFS reduction; however neurological injury, trauma patients, age, and prolonged acute respiratory failure are the factors that had the strongest impact on poorly physical performance. The results of K and L scores were presented separately purposely, because K represents physical dependency, and L represents ADL performance.

Question 2.

In the new version of the manuscript, in Data collection: Karnofsky (K-ICU) and Lawton-ADL (L-ICU) indices collected with the patients or by proxies at ICU admission. After 24 months, in patients unable to carry out a telephone interview,
the indices were completed from information given by same proxy that previously reported.

Question 3.
You understand the results. The overall PFS decreased (both K scores, L scores). We do not analyse K and L scores combined. The goal of this study was to assess which patients have a poor long-term physical functional status after critical illness.

After 24 months, thirty-five patients were lost to follow. Of the 540 patients alive, 34 refuse to participate, and 506 answered the questionnaire. Hospital data missing was present in 7 patients.

Question 4.
Figure 1 was added to the manuscript due to request another reviewer.

Question 5.
The discussion was reduced in 30% and was revised.

Question 6.
This section was better developed in the new version of the manuscript.

Question 7. The second paragraph (discussion about mortality) was withdrawn from the new version of the manuscript. Another changes in discussion is presented in the new version.

Question 8. “Critical” was corrected. The abstract was modified in the new version, and objective and conclusion are in agreement.

Question 9. Is the writing acceptable?
The grammar or the text has been reviewed.
The physical functional status was defined and this concept was used, in substitution the HRQOL concept.

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Reviewer: Fernando Abelha

1. There is a typing error in the title of the manuscript: “…after critical illness” “…after critical illness”.
It was corrected.

2. Statistical review: Yes, and I have assessed the statistics in my report.
We had a statistic revision in a new manuscript form.

Reviewer: Serge Brimioulle

In answer to major comments 2 to 5, the authors just state that the text is "not
modified”, but fail to explain why they are unable or unwilling to follow the suggestions.

Question 2.
The data are discriminated in methods and on Table 1 and Table 2 in the new version of manuscript. All variables were included in multivariable analysis, but only variable showed in Table 3 were statistically significant.

Question 3. “Statistics”
The suggestions were changed in the new version of the manuscript.

Question 4.
All patients included in study stay in the ICU > 48h.

Question 5. “Results”
The GCS is included in the SOFA score, so it was not assessed separately.