Reviewer's report

Title: Clinical decisions in the management of cardiometabolic risk in the elderly. A statement of the Spanish Society of Internal Medicine

Version: 1 Date: 22 October 2014

Reviewer: Pedro Abizanda

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Major Compulsory Revisions

This a well written article about the management of cardiometabolic risk factors in older adults. It has major problems:

1. In the background section, many importance is given to multimorbidity, as it has to be in this population, but references are only based in one spanish "polypathological" participants study. Authors mismatch what they understand by "polypathology" (term not validated in the international literature) with multimorbidity. It would seem that the article refers only to multimorbidity older adults, but recommendations are for all subjects older than 65.

2. Authors state that the study is within the framework of the "Spanish SNS Strategy in the approach of chronicity", giving a reference. However, revising the document, it is not included in the objectives or implications the design of this study. Moreover, the expert pannel included in that approach is multidisciplinar, and the article has only been written by internists.

3. Authors don´t explain the methodology for the recommendations. Was a systematic review literature conducted? Was a Delphi method employed? Which were the 17 questions and their proposed answers? How did they reached consensus? What about differences? All 59 participants agreed in all the statements? This is difficult to believe. Many problems of the article are due to this lack of rigour.

4. As a general comment, recommendations are vague and imprecise.

5. In the dyslipidemia section, authors advise for the use of SCORE, although they say that the original one does not account over 65 years, and the Spanish correction over 75. They can’t make this suggestion. Also, in the metaanalysis by Savarese, mean age is 73, and there are no valid data for adults older than 80. Authors don’t state this problem, and furthermore, NNT is 83 por MI and 142 for Stroke. Are this values acceptable? Finally, authors neither state the importance of function, quality of life, and frailty in the decision making on this population, nor the lag time to benefit in very old adults.

6. Regarding diabetes, authors dont include the main guidelines on this problem in older adults, those from IDF 2014 and Sinclair 2010. Moreover, authors include as a reference one of their papers [25], but this article is about chronic kidney disease and not about older adults. Recommendations in this section are
more vague. Moreover, they don’t explain what, when, how, and to whom exercise and nutritional supplementation must be prescribed.

7. In the high blood pressure section change fragility by frailty.

8. In the antiaggregation section, there is no reference to CHADS2VASC or CHADS scales and HAS-BLED to determine the risk of anticoagulation. New anticoagulants are not described

9. It seems surprising that in one article about older adults, only one reference is about geriatric journals.

10. there is a recent and excellent Statement From the American Heart Association 2013 regarding secondary prevention of cardiovascular risk factors in older adults not included.

Level of interest: An article of insufficient interest to warrant publication in a scientific/medical journal

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

'I declare that I have no competing interests'