Reviewer's report

Title: Identifying frailty: do the Frailty Index and Groningen Frailty Indicator cover different clinical perspectives? A cross-sectional study

Version: 1 Date: 12 March 2013

Reviewer: Samuel Searle

Reviewer's report:

In my opinion, this is a well written paper with sound methodology. You have identified a clear and obvious gap in the literature in the form of primary care frailty screening. The question posed is well defined. The methods are clear and the data are sound. You acknowledge the poor response rate appropriately as a large limitation to your study and a practical barrier to identifying patients who are frail.

Discretionary Revisions

Line 136, second paragraph under measures: it is stated that the frailty index includes social factors and this itself is a novel inclusion. The original frailty index (reference 8) did include social factors.

Line 155 of the same paragraph: the stated cut off of the FI was set to 0.08 based on the previously published article. As this is generally a very low cut off, it is clear that this is due to the frailty index described in the paper to be almost exclusively comorbidities with the exception of three of 39 items (general complaints, urinary incontinence and social factors). I think it is important to mention this even though there are no known directions for what proportions of which deficits should be included in the FI. This also explains the narrow range identified on line 251 (second paragraph under strengths and limitations). This recommendation I include as discretionary as this FI has already been published. Else I would be eager to hear this research groups thoughts.

Line 221 in summary paragraph one in the discussion: it is mentioned that there are other factors that might be modulating the correlations of the two frailty assessments. In the literature there is some growing evidence toward frailty to being modified social vulnerability. this is important to note, especially with social factors included in your frailty index definition but also your significant findings with individuals recently widowed. A interesting reference to look over would be:

The impact of social vulnerability on the survival of the fittest older adults.
Andrew MK, Mitnitski A, Kirkland SA, Rockwood K.

Under implications for research and practice: A conclusion is being made that despite a sensitivity of the FI of 77% and specificity in the 50s, the FI should be
used as a screening test (due to among other reasons, its ease of use) and the GFI to be used as a confirmatory test with a low GFI being looked into further by the physician. I wonder why not combining the GFI into the FI as an add on would be more appropriate second step considering, both factors are stated in the manuscript to be different aspects of frailty. Together they might be incorporating a more complete definition of frailty in this population. Previous FI have incorporated similar questions to the GFI. The GFI already has a scoring system which could be easily incorporated into the FI.

Minor Essential Revisions
Line 231. First paragraph under strengths and limitations: There is an extra period.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**
I declare that I have no competing interests