Reviewer's report

Title: Self-assessed health among Thai Elderly

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Reviewer: Martijn Huisman

Reviewer's report:

This is a basic descriptive study of determinants of self-assessed health in an older population. Its contribution to the literature would be mainly that it has been conducted with data from Thailand, from which research on determinants of health in old age is scarce. Having mentioned this, I believe that the analysis is just too basic to warrant publication of this paper. That the determinants of self-assessed health that are observed in the study are determinants indeed should come at no great surprise. I have made some suggestions for improvement of the paper.

Major compulsory revisions

It was not clear from the main body of text what the actual purpose of this study was and this had to be inferred from checking the tables. The introduction touches on a number of issues, including, but not limited to: self-assessed health as a measure of health status, problems with cross-country comparisons self-assessed health because of cultural determinants, models of disability, and the ageing of the Thai population. Moreover, the introduction seems to lack a clear structure and at times moves from one topic into another (see e.g. paragraph 1 and paragraph 3). It is only when reading the abstract that the purpose of the paper becomes clear. The introduction therefore needs to be rewritten. In my opinion, the parts about cross-country comparison of self-assessed health and about the ageing of the population are not quite relevant here.

Given that the purpose is to identify determinants of self-rated health I would expect the introduction to provide a discussion of results from previous studies that investigated determinants of self-rated health (see e.g. Singh-Manoux et al. in Journal of Epidemiology and Community Health), and a more in-depth discussion about theoretical backgrounds of the measure of self-rated health itself (see e.g. Jylha in Social Science & Medicine, and Huisman & Deeg in Social Science & Medicine).

A possible option for improving the contribution of this paper to the existing literature is to make more of the multivariate analyses. What I mean with this is that the determinants included in the study will be linked with each other through a causal chain. It is possible to distinguish the more fundamental causes of ill self-assessed health from the more immediate causes. Education for instance is likely to be a distal determinant, predicting functional limitations, psychosocial
symptoms and chronic diseases, which all in turn predict self-assessed health. On the other hand, having worked the last few days or not might just as well be an outcome of these factors, just as self-assessed health is. The authors could make more of the data (even though they are cross-sectional) by devising a causal diagram and either testing it with structural equation models, or with regression analyses testing several models. If the latter option is chosen it would be important to report how the magnitude of educational inequalities changes when other factors (potential intermediates) are added to the model.

Another issue that I would suggest the authors to comment on in their paper is that the proportion of variance of self-assessed health explained is quite low. What could the reasons for this be? Might there be specific determinants of self-assessed health in the Thai population that are not covered by the sociodemographic and health-related variables included in this study? This is an interesting and important question to say the least, and warrants some thought (if not analysis of potential Thai/Asian specific determinants of the outcome that have no or less predictive value in western populations).

Minor essential revisions

Table 3; rather then flagging the ‘statistically significant’ results, the authors should present confidence intervals.

In the third paragraph of the discussion section, the authors should take care that Ann Bowling, to whom they refer, is not a ‘he’ but a ‘she’!

Discretionary revisions

Tables 1 and 2 can be easily merged into one table because they provide partly the same information. The column with the total percentage (always 100%) from Table 2 can then be removed.

In the third paragraph of the discussion section the authors point out that education and economic status are predictors of self-assessed health and speculate about why this may be so. The authors might benefit from reading the recent epidemiological literature on socioeconomic status, self-assessed health and mortality and the discussions about potential different meanings of self-assessed health in socioeconomic groups (see Dowd & Zajacova, Singh-Manoux et al., and Huisman et al., in the International Journal of Epidemiology 2007;36)

**Level of interest:** An article of limited interest

**Quality of written English:** Not suitable for publication unless extensively edited

**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