Author’s response to reviews

Title: Medical conditions leading to admission to a nursing home

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Version: 3 Date: 6 January 2010

Author’s response to reviews: see over
Response to the referees’ comments on:
“Medical conditions of Nursing Home admissions”.

Dear Editor,

Thank you very much for having given us (a second) opportunity to submit a revision of our manuscript.
We carefully addressed all the comments of the reviewer (marked in yellow in the text) and thank for the quality review.

Answer to the comments of the Referee.

**Major Compulsory Revisions.**

1° *The disposition of the paper is not clear enough. Parts of the result section should have been included in the methods and others in the discussion section.*

- ‘How to classify disorders (p.4 of the results) was moved to the method section. (in yellow).
- Parts of the results section (this third issue.. pag.4) ; paragraph 3 and first paragraph of p.8 was moved to the discussion section. (in yellow).

2° *The discussion about data quality should be improved.*

We noted on page 12, last paragraph, that the data quality “was influenced by the fact that not only mental health professionals ….”.

3° *The conclusion is not concise enough.*

We stay more strict to the findings.

**Minor Essential Revisions.**

4° *The use of situations from other studies should be replaced by statements (+ ref).*

On page 9 “these findings were confirmed by others.” … was changed into :”The high frequency of these disorders is consistent with other research (+ 4 references)”.

5° *Paragraph 2 p.9 of the discussion “who are confused in case of delirium, stroke or Parkinson” is unclear and incorrect.*

We used following sentence as suggested by the referee: “Cognitive impairment can have other causes than dementia (i.e. delirium, Parkinson). (p.11, 2.3.)

6° *It is briefly mentioned that diseases like stroke and diabetes are important for institutionalisation if they cause functional disability. This is a Major point!*

We emphasise this on page 10, last paragraph, and stressed this in the conclusion.
- In this line, the expression “the severity of a disease must be high enough” should be replaced with … “diseases leading to functional impairment”.

We corrected (p.11, 2.1) like suggested, instead of the wrong expression.

7° In 2.3. in the discussion, about prevalence of dementia, references are lacking.

We added five new references (ref. 39-43) about prevalence of dementia and its subtypes.

- “If we spread this last group...” is not good enough.

We deleted this sentence and clarified the 27% unspecified dementia. (p. 12, 2.3 last paragraph).

8° In 2.4. ‘Lack of a standardized instrument’. Such instruments are available, i.e. RAI for nursing homes.

Available standardised instruments like the ‘Resident Assessment Instrument (RAI) measure particularly the need of care and the care planning but the possibilities for medical diagnostic are limited.
We completed the title ‘The lack of a standardised instrument fulfilling our purpose”. (p.12).

Discretionary Revisions.

9° Stroke and hemiplegia are two different diagnoses in the study. The far most common cause of hemiplegia is stroke.

Like referee says, the most common cause of hemiplegia is stroke. But one resident could have only one primary diagnosis. Stroke without hemiplegia was classified under ‘circulatory system’.

10° Psychosis is used as a group-diagnosis also including dementia in 1993. This is confusing.

In the ICD, dementia is under the heading of psychosis. We better explained and mentioned as a weakness of the data quality.

Referee 3:

1) You updated your literature review, but the abstract still says “no previous research.”

Changed as requested.
2) There is still some lack of clarity about with tables are per person and which are per diagnosis. It seems to me that only Table 1 is per person. Is that correct? If not, you need to clarify this better. Table 5 seems to be raw counts, which is not clear also and the shifting values makes it hard to compare.

We improved the table in the revised version.

3) Regarding table 1, the numbers given in the description do not match the table. In Results 1 you state somatic are 43% of admission, while the total in the table is 40, same with the others. Please verify this and all other numbers.

We have corrected this.