Author's response to reviews

Title: Medical conditions leading to admission to a nursing home

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Author's response to reviews: see over
Dear Editor,

Thank you very much for giving us the opportunity for a second revision. We carefully addressed all the comments of the reviewer and thank her for the quality review.

**Major compulsory revisions**

1° There is still a wide use of citations that should be avoided.
   Citations have been removed and replaced by statements + reference.

2° The result section includes paragraphs that should have been placed under the method section or under the discussion section.
   We have checked this carefully. Some of sentences were omitted from the results or moved to the methods in the revised version e.g.: ‘The results were the ‘exact reproduction’ of the written diagnoses.’

In 1993 we were not able to classify adequately the mental disorders. People having dementia were primarily (428 cases or 71%) encoded as 'psychosis NEC' (Not Elsewhere Classifiable or unspecified) and ‘senile dementia’ (16%). On the other hand, one used an abundance of terminology to indicate dementia. Patients with ‘unspecified cerebral degeneration’ (code 331) or ‘encephalopathy’ (437.2), which come under the nervous system and the circulatory system respectively, according to the ICD-9, were residents with dementia in the NH practice. In the ICD-9 alphabetic index, Alzheimer dementia is classified under ‘presenile dementia’ (290.1), but is also encoded as 331.0 ‘other cerebral degeneration’.

No real distinction was made between ‘depression NEC’, which belongs to the neuroses, and ‘major depressive disorder’, which belongs to the psychoses.

3° The discussion is still too long and is lacking a critical discussion about the strengths and limitations of the study, like the design and the methods used (i.e. 2.1. possibilities for wrong classification of diagnoses).
   The discussion section was shortened, the paragraph about strengths and limitations was elaborated and we complemented in 2.1. ‘possibilities for wrong classification of diagnoses ’ like suggested by the referee. (marked in blue).

4° The discussion about an insufficient coding system (1.4 and in the conclusion ) does not include other possibilities, like the ICD-10.
   We changed paragraph 1.4 and the revised conclusion as follows: paragraph 1.4: ‘Using the 12 000 diagnostic codes of the ICD-9 is difficult and unpractical in a NH context. Abstracted from this extensive clinical instrument, an ‘adapted and shortened’ classification of the diseases was used in 2005 and was as reliable and effective as his longer counterpart in 1993. Short versions of instruments are often as good as their longer equivalents. Such a condensed version allows an optimal accuracy and comparability.’
   Conclusion: ‘Need factors have the greatest impact on NH admission but the underlying diseases causing these disabilities are not well studied. This requires accuracy of diagnosis and standardisation of diagnostic criteria together with an appropriate and user-friendly
A classification system to achieve both somatic and mental disorders. The ability to distinguish particular subtypes of dementia is a key issue.

5° Generally the manuscript is still too long and the language is poor.
The manuscript was shortened by 2 pages and the language was improved.

**Minor essential revisions**

6° page 2: “When a general review...” → paragraph can be omitted.
Has been done in the revised version.

7° page 2: “To our knowledge, no previous...” → what about the studies mentioned earlier?
The earlier mentioned studies reported about a limited number of diseases, none about ‘all’ the diseases. We changed the sentence.

8° page 3: “International criteria for nursing homes”... → reference should be given.
Since the 2000’s there are approximately 80% lower functioning elderly (who need assistance in minimum three ADL’s) in the Belgian nursing homes. This corresponds to what is commonly seen in literature. (ref. i.e. McNabey).

9° page 6: Table 3 can be omitted to shorten the manuscript.
We removed Table 3 as requested.

10° page 6: The sentence “Depression have risen from 42% to 64%...” → percents of what?
42% (in 1993) and 64% (in 2005) of the neuroses was due to depressions. We clarified this in the revised version.

11° Still many references are old and not of great relevance.

Sincerely Yours,

Gilberte Van Rensbergen