Reviewer's report

Title: Medical conditions leading to admission to a nursing home

Version: 1 Date: 27 January 2009

Reviewer: Anette Hylen Ranhoff

Reviewer's report:

Major Compulsory Revisions

My main criticism of this paper is that the method and the data collected are not sufficient to answer the question “which disorders lead to institutionalisation”, to show differences between 1993 and 2005, and to create a medical risk profile for developing interventions in the aim to prevent institutionalisation.

The problem of this study is that, as is mentioned in the paper, that the medical reasons for long-term nursing home admissions are often vague or missing. Even face-to-face interviews with the general practitioners and head nurses cannot fully fill this gap. The registration of medical diagnoses from 1993 does not contain dementia diagnoses; even dementing illnesses are known to be very common in long-term nursing home clients. As much as 70-80 % of the clients in long-term care are known to suffer from dementing illnesses. The true reason for admission to long-term care is often a combination of medical diseases and their consequences on function, specific symptoms and behaviour, together with other patient related factors (age, personality) and social factors (living alone, caregiver burden, home care services available). To subtract and study the medical diagnoses alone will then be difficult. In this paper the authors are not clear on the definition of medical conditions by stating: “the main medical conditions leading to institutionalisation were decreased lucidity and mobility, particularly dementia and stroke”. Because dementia-diagnoses are missing in the 1993 population, comparing of differences in diagnoses are difficult. It is also difficult to compare when different inclusion criteria are used for the two cohorts (B- and C category from 1993 and all from 2005). Perhaps it is an idea to look at 2005 data only. Another problem is that patients in long-term care are known to have high comorbidity. To give information about both main diagnoses, and number of bi-diagnoses would have been more appropriate.

The organisation of the paper should be better; description of methods should be moved from result section to method section.

The discussion needs substantial improvement and should be organised as; principal findings and their interpretations, strengths and limitations of the study, strengths and weaknesses in relation to other studies.

The references are generally old; few are from the last five years. There are several recent interesting studies about predictors of long-term care admissions and characteristics of long-term clients.

Generally, the paper is long and should be shortened and the language needs
improvement. Many expressions lack precise definitions, ie “aging symptoms” and many statements lack references.

· Minor Essential Revisions

The conclusion in the abstract contains the interpretation of the results and not the conclusions – principal findings.
The statement “findings underscore the increase in diabetes mellitus” is difficult to understand.
The standardised hospital questionnaire should be shown.

· Discretionary Revisions

Common dementing illnesses as Vascular dementia, Lewy Body dementia and Frontotemporal dementia are not mentioned at all in the text, while Creutzfeld-Jacobs and Picks disease which are very rear, are mentioned. Senile dementia is mentioned as an own category in table 5, does that mean not-classified dementia or Alzheimer’s disease with a late onset?

Level of interest: An article of limited interest

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

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I declare that I have no competing interests.