Reviewer’s report

Title: Medical conditions leading to admission to a nursing home

Version: 1 Date: 10 February 2009

Reviewer: Ann L Gruber-Baldini

Reviewer’s report:

While the analyses may have merit, the whole tone of the paper needs to be corrected. Starting with the title, you need to be clear that you have NO data about what leads to a nursing home admission, you have simply have descriptive information about those admitted. The title should be something like “Medical Conditions of nursing home admissions”. To understand risk, you need a prospective longitudinal study of people in the community and look at who moves to a NH.

Secondly, your literature review is poorly written and lacks at least one relevant report. In the US, the National Nursing Home Survey reports similar data on a national survey of nursing home residents. See http://www.cdc.gov/nchs/data/ad/ad312.pdf for a report of data in 1997. I suspect other countries report similar national data.

Finally, the discussion doesn’t easily flow from the results and goes beyond your findings.

Specific Comments:

Major:
1. p. 1 Please correct the title as mentioned above

2. Abstract: Results: again, avoid causal statements “The main medical conditions leading to institutionalization..” should be “The main medical conditions observed in those institutionalized.. Also “lucidity” and “mobility” are your terms, and not true data. The most common conditions were mental and somatic. I also don’t like how you categorize some this as % of people, and some as % of codes. Presenting % of people consistently throughout would help. What overall % had stroke…I suspect it’s around around 25% since it’s 2/3rds of 35%, but I shouldn’t have to do the math.

3. p. 2 Lit review: The paragraphs starting with “Anderson’ model”, Jette et al.”, and “a literature review” are not clearly written. It feels like an outline and not a fleshed out paragraph. The whole lit review needs work (see note above on missing ref).

4. p. 3, You should use the descriptors for A and C throughout the paper , e.g., A (semi-healthy).. “This Belgian scale..” is unclear…Katz is not a Belgian scale.
5 Results: Again, I would prefer the results to be % of people not % of codes. Also, better details for the most frequent individual codes is more informative. For example, in Table 4 97% had a psychoses code and 98% of them were dementia. Does that mean that 95% of the people had dementia? That is certainly higher than any estimates I have ever seen in NHs. You later say that the number is “almost half” so I suspect it’s the % of the mental codes and have no idea what that means in terms of people, the table is not intuitive.

6. Discussion Again, the numbers in your 1st sentence are not in your tables, so it’s confusing.

7. Overall, the discussion goes way beyond your findings and needs to be toned down and better related to your actual findings. It’s also way too long for the analyses you are doing.

Minor
8. Abstract: Background (and also in p. 2 in lit): “focus on self-support” The issue is not self-support, it’s the lack of self-support. The criteria are based on dependency.

9. Methods: p. 4. Again, the use of just B and C in the 3rd paragraph is not easy to read, retain the descriptors.

10. 4th paragraph the word “read” is not needed.

11. Results Table 1 needs a legend for all the abbreviations “O” “A”, etc.

12. Note that in your tables you sometimes have commas where periods should be, please clean that up. E.g., table 3 % for circul is “35,6” and should be “35.6”.

13. p. 7 4th line from the bottom you have a “de” when I think you want a “the”.

14. Discussion p. 10 (and later): People “have” dementia, to say they “are demented” is perjorative.

Level of interest: An article of limited interest

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

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

Declaration of competing interests:

I declare that I have no competing interests.