Reviewer’s report

Title: Determining the Impact of Medical Co-morbidity on Subjective and Objective Cognitive Performance in an Inner City Memory Disorders Clinic: A Retrospective Chart Review

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Reviewer: Judith A Saxton

Reviewer’s report:

The impact of medical co-morbidity on memory in older individuals is of significant interest with the aging of the population. Thus, this topic is timely and the results of this study are interesting. However, there are several significant flaws that need to be addressed before this paper can be published.

Major Compulsory Revisions:

1. More information is needed about the Memory Disorders Clinic through which the subjects are recruited. For example, are patients referred to this clinic by their family doctor or specialist or self-referred? What is the base rate of subjective memory complaints amongst all patients coming to the clinic, it seems to me that this might be high.

2. More information is needed about the subjects in this study. For example, it would be helpful to know the MMSE scores, the authors state that a score of 26 or below is used to identify dementia but do not tell us what proportion of the sample was within the dementia range. Also, it would be helpful to see the scores from the cognitive tests that form the Behavioural Neurology Assessment. The authors mention, in the Discussion section (last paragraph) that they did not stratify by diagnosis which is understandable but nevertheless it would be useful to know what percentage of their population was Normal, MCI or Demented and how this was determined given that this was a Memory Disorders Clinic. Finally, in the first paragraph of the Results section the authors state that “over 50% had symptoms compatible with major depression”. This seems an extremely high of major depression in this sample and I wonder if what they really mean is that over 50% endorsed one or more symptom of depression. Also, this is not consistent with Table 1 which shows that 44.7% of subjects were depressed.

3. As mentioned above, the rate of Normal, MCI and Dementia among this sample is not provided, but the authors should consider what impact diagnosis may have on ratings of subjective memory impairment. For example, more severely demented patients may tend to under-recognize memory loss in everyday life whereas Normal elderly who are concerned enough about their memory to attend a Memory Clinic may over-state their deficits, the so-called “worried well”.

4. Is there any evidence that the PAOF has been validated with patients with dementia?
5. A citation should be added to the paragraph describing the BNA following the statement “and has been demonstrated to be superior to the MMSE in detecting dementia.”

6. Given that the subjects in this study are recruited through a Memory Disorders clinic, the authors should discuss the lack of generalizability of their findings to the family practice setting.

7. Finally, the authors offer a number of limitations to their study, which are reasonable, however they may wish to also consider how they deal with the limitations. For example, although the BNA has not been validated with other neuropsychological tests they do earlier in the manuscript suggest that it has been validated with patients with dementia used as a cognitive outcome measure in multiple clinical trials.

Minor Essential Revisions:

1. The label on Table 2 refers to correlations between “SES and outcome variables” isn’t SES also an outcome variable should it be “Correlations between outcome measures”?

2. There are a few typos that should be corrected throughout the manuscript

Discretionary Revisions:

1. The manuscript is quite repetitive, specifically the first couple of paragraphs in the Discussion section repeat information from the Introduction. Good editing would tighten up the paper and make it easier for the reader.