Author's response to reviews

Title: Operationalizing frailty among older residents of assisted living facilities.

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Author's response to reviews: see over
April 26, 2011

Melissa Norton MD, Editor-in-Chief
BMC Geriatrics

Dear Dr. Norton:

Please find attached our revised manuscript entitled, “Operationalizing frailty among older residents of assisted living facilities” submitted for further consideration to BMC Geriatrics. All co-authors have reviewed and approved this revised version for re-submission.

We appreciate the additional comments provided by the first reviewer and as requested, we have provided a point-by-point response to each comment on the following pages.

Please do not hesitate to contact me if you have any concerns or questions regarding our re-submission. We thank you for your continued consideration,

Sincerely,

Colleen Maxwell, PhD
Professor & AHFMR Health Scholar
Reviewer 1: Peggy M Cawthon

Minor Essential Revisions

Abstract:

1. “The sentence, “Risks of one-year mortality…” should also include a statement that the referent group was the robust/non frail group.”

As suggested, we have added the following to the end of this sentence, “(compared with non-frail).”

2. “It would be preferable to report the number of deaths and hospitalizations in the abstract, but I’m not sure that would fit within the word limit?”

As noted, we have not included this additional information in the Abstract given the restriction on word count and to maintain clarity and brevity with the Abstract.

3. “The sentence, “Pre-frail residents defined by absolute cut-points…” should end with a statement such as “compared to those who were classified as non-frail”

As suggested, we have added the following to the end of this sentence, “compared with non-frail residents.”

4. “Analysis section of the methods: The sentence, “The risks of one-year mortality and hospitalization for those categorized frail or pre-frail…” should note that the referent group was non-frail individuals.”

As suggested, we have revised this sentence in the Analysis section of our Methods section to read, “The risks of one-year mortality and hospitalization for those categorized as frail or pre-frail by CHS-specified absolute cut-points and AL relative cut-points (compared with non-frail residents) were assessed in multivariable models.”

Table 4:

5. “It would be clearer to report add a line for the referent group for the frailty models. This would be for the “non-frail” individuals and would be listed as something like “1.00 (referent). This way, it is clear that frail/pre-frail/non-frail individuals were all considered in the same model.

As noted with our existing footnotes #1 & 2 in Table 4, we have indicated that the frail and pre-frail subjects are being compared to the reference group of subjects with 0 criteria for these models. As the information presented in Table 4 is already fairly complex (in terms of comparing absolute with relative frailty definitions and illustrating possible gender differences) we feel that adding additional lines to the content of the table (indicating the reference group for each comparison and adding a RR of 1.00) would further complicate the details in the table. Thus, we prefer to keep our footnotes to clarify our reference group – however, in response to this reviewers comment – we have added the term “non-frail” to our footnotes (#1 & 2) to clarify our reference group with 0 criteria.

6. “Somewhere in the paper, it would be helpful to report the number of participants with each outcome – and how these numbers would pertain to the models that are shown in Table 4. It is
likely that the models stratified by sex have relatively few participants in the “non-frail” group and few events within this non-frail group. It might be done as a footnote to table 4 or in the text.”

As suggested, we have added in the # events/sample for deaths and 1+ hospitalizations for Frail, Pre-Frail and Non-Frail groups for both absolute and relative definitions (see revised footnote in Table 4).

Reviewer 3: Nader Fallah

“Authors have addressed all issues raised in my review.”

We thank this reviewer for this additional feedback.