Reviewer's report

Title: Unmet need and psychological distress predict emergency department visits in community-dwelling elderly women: a prospective cohort study

Version: 2 Date: 31 March 2011

Reviewer: Namkee G Choi

Reviewer's report:

I appreciate the authors’ thorough and detailed responses to the reviewers’ comments and the revised manuscript, which is much stronger than the original version. I have the following remaining questions/suggestions:

1. Conceptual framework: This was drawn from the review of previous studies. Is there any theory or theories that you may want to use to support the relationships among unmet need and psychological distress, and ED visits or health-related crisis or health deterioration. Since you have stated that none of the studies considered the role of psychological distress, it is odd to see that your conceptual framework is drawn from the previous studies.

2. MMSE score of 14: This is a really low score indicating not just mild cognitive impairment. A clarification is needed for the designation of this score as no more than mild cognitive impairment.

3. I see that you had to use dichotomous attributes for PADL met and unmet needs because of the small number of people in these categories, while you had 3 categories for IADL met and unmet needs. Understandable. However, as compared to the straight interpretation of the PADL effect (e.g., having one or more unmet need as opposed to not having any PADL need), it is confusing to interpret the IADL effects in Table 2. It looks like that the IADL met and unmet needs were used as continuous, rather than categorical, variables (please describe/clarify this in the analysis section). More consistent scales of both ADL and IADL measures would help readers. Or at minimum, please describe the interpretation of the IADL coefficients more specific terms in the results section.

4. I appreciate your explaining of how you calculated the total disability score. However, your algorithm (shown in page 11) is really the same as the total number of PADL and IADL impairments.

5. Satisfaction with social support: Appreciated the further clarification of what the variable measured, but I still do not see the scale and max and min scores. (Moreover, it is very difficult to read Table 1 as the lines are messed up.)

6. You have lots of covariates that were reported in Table 1; however, you ended up using only a limited number of them in your multivariate analysis. One way to condense the paper is to shorten the measures section and provide the descriptions of the covariates that are not entered in the multivariate analysis at the bottom of Table 1.
7. With all your work, you really did not have enough power to determine the unmet PADL as a predictor of ED visits. Given the lack of power, having the relationship between PADL unmet need and ED visit as the primary hypothesis appears not to be worthwhile.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

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

**Declaration of competing interests:**

I have no competing interest.