Author's response to reviews

Title: Older Adults with Acquired Brain Injury: A Population Based Study

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Author's response to reviews: see over
Response to Reviewers

We would like to thank the reviewer for their insightful questions and comments. We have addressed each query of reviewers below in red and have made changes in the word document using track changes.

Reviewer: Carlos Jaramillo

Major Compulsory Revisions

Conclusions of the abstract:

1. While the authors have added some content to the conclusion section of the abstract, they have not provided a succinct conclusion of their findings, but instead have extrapolated to what should be done in the future to address their findings. This is more appropriate for the discussion section and it does not help the reader interpret the findings presented in the abstract. For example, the last two sentences state where resources should be allocated to address what they have found, but it is not clearly stated what they have found. I suggest the authors write the conclusion section as an extension of the results section with an emphasis on the implications of their study and how it relates to the motivations spelled out in the introduction section.

   The conclusion of the abstract has been revised to address the discharge destination of this population and the finding that comorbidities are common. The conclusion of the abstract now reads “Data from this study show higher rates of ABI with age. Further, the distinct demographic and clinical characteristics by type of ABI among older adults have implications for both inpatient and post-acute care. Older adults are the fastest growing segment of the population and thus, education about prevention, screening and treatment for ABI should be part of educational programs addressing older adults.”

2. In the first sentence of the conclusions, the authors mention “cognitive disability”, but they do not have any data in this study assessing cognitive function. This is somewhat confusing as their study looks at older adults at risk for “ABI” which in turn can lead to cognitive disability. Do they mean “…older adults at risk for ABI”? An extrapolation to cognitive disability after ABI is best saved for the discussion section.

   This was removed from the abstract.

3. In the second sentence of the conclusions, the authors mention an “increased need for falls prevention”. This relates only to the author’s findings on TBI patients since falls were not the major mechanism of injury for those with nTBI, the other half of the study. Falls were only one mechanism evaluated in this study and fall prevention, while important, would not prevent the major causes of nTBI. It is unclear what the authors mean by the last portion of this second
sentence. How would a fall prevention program take into account the “…persistent effects of brain injury in subsequent care”?

This was removed from the abstract.

4. The third sentence is also problematic and does not provide insight into what they found in this study. There are only three sentences in this conclusion and it is not possible to understand what they have found from this study by reading these three sentences. I do not recommend they expand the conclusions, but instead re-write the section and avoid excessive extrapolation.

This conclusion of the abstract was re-written – it currently reads “Data from this study show higher rates of ABI with age. Further, the distinct demographic and clinical characteristics by type of ABI among older adults have implications for both inpatient and post-acute care. Older adults are the fastest growing segment of the population and thus, education about prevention, screening and treatment for ABI should be part of educational programs addressing older adults.”

5. This reviewer previously indicated that “The first sentence of the discussion section is not completely accurate given the overlap in data published from this highlight how this study is unique. The authors responded, however, the prior study (Chen et al. 2012) included individuals 19-75+ with much overlap in information including mechanism of injury for nTBI and TBI, Charlson Comorbidity Index, discharge destination with a focus on individuals 65-85+. I suggest the authors delineate in the body of the text how this is an extension of the prior literature.

The first sentence was revised - “This paper is the first, to our knowledge, to focus on older adults with ABI in Ontario, Canada, by older adult age groups”.

Minor Essential Revisions

6. The authors should clearly delineate the age ranges evaluated in this study. Stating 65 and older does not explain the approach used for this study. For example, the inclusion of a statement of the three age groups analyzed to the methods section of the abstract may improve understanding.

This was added to the methods of the abstract – “older adults were examined in three age groups – 65 to 74, 75 to 84, and 85+ years”.

7. The last sentence of Non-Traumatic Brain Injury section of the Results section has an additional definite article “the”. Please re-word, e.g. remove the first definite article.
The additional “the” was removed – “In 2009/10, the rate of hospitalized nTBI episodes among patients aged 85 years and older in acute care (561 per 100,000) was 1.12 times the rate…”

Copy Editing Comment:

1. Copyediting:
After reading through your manuscript, we feel that the quality of written English needs to be improved before the manuscript can be considered further.

We advise you to seek the assistance of a fluent English speaking colleague, or to have a professional editing service correct your language. Please ensure that particular attention is paid to the abstract.

This paper has been reviewed by an individual with a degree in English and edits have been made in track changes throughout the document.