Reviewer's report

Title: Predictors of dizziness in older persons: a 10-year prospective cohort study in the community

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Reviewer: Rui Felgueiras

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In my point of view this is a very interesting article, predicting dizziness in old patients.

Have some comments that need to be answered by authors before publication (Major Revisions):

1. Although I agree that most of dizzy patients have no more than a symptomatic diagnosis, the aetiology of dizziness is still very important, since the clinical approach might be very different. For example, there is no reason for changing blood pressure control drugs in patients with recurrent benign paroxystic vertigo, but that may be important in patients with unspecific dizziness.

2. Related to the first topic, a clear definition of dizziness should be done, and the “umbrella diagnosis” should be avoided, although that was stated as a limitation of the study. The authors should note in the text if the study includes only patients with unspecific dizziness or any type of dizziness including vertigo or imbalance. If the study included any type of dizziness without differentiation, then I think it lacks clarity, because it mixes several possible aetiologies. Contrary to what the authors write in the discussion paragraph, in my clinical point of view, I still think that any individual patient with dizziness should be investigated and treated in a personalised way. Even so, I accept that the multifactorial targeted intervention proposed by the authors might be beneficial in cases where a clear aetiology is not defined.

3. Cognitive function was tested but as I understand it was not a predictor of dizziness. Impaired function of lower extremities was a good predictor of dizziness. Cognition is related to gait impairment (as in patients with white matter lesions). The authors should make a comment on the absence of relation, looking for justifications (maybe MMSE is not adequate to frontal function, mostly related to gait disorders?).

4. Less important, there should also be a better definition for “regular” dizziness. Is it constant dizziness, recurrent dizziness? Did you include paroxystic events that happened only with head-movements? Does regular means daily, weakly or monthly symptoms? I understand that the work is done in patients that might have almost daily symptoms, but a better definition should be stated.

5. Is it depression by itself a predictor of dizziness or the effect of antidepressive
or anxiolytic drugs? I think the authors have sufficient data to clarify this topic.

6. In conclusion I found this to be an interesting article, especially if we accept that dizziness is an unspecific symptom. To be more precise (and for safety reasons) I still think that the authors should state that some patients with dizziness, namely those with vertigo or imbalance, should not have only a symptomatic diagnosis. The physician should always make an effort in understanding the aetiology of the symptoms because serious aetiologies cannot be missed. And after serious diseases are ruled out, than the multifactorial approach could be recommended.

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

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests