Reviewer's report

Title: Neuropsychiatric symptoms in patients with dementia in primary care: a study protocol

Version: 2 Date: 30 May 2013

Reviewer: Kirsten Moore

Reviewer's report:

Major Compulsory Revisions

1. The background needs to be reworked. The gap in the current literature needs to be explained more clearly. The authors seems to be arguing that the profile of NPS may be different in primary care compared with memory clinics/clinical settings – but there is no explanation as to why they would be different. There are a large number of studies described in the background that examine NPS. If the setting is critical, then this needs to be reported for each of the studies described. Some of the studies don’t have a setting identified, and there appears to be a mix of community and clinical settings. It seems that the bigger contribution that this study will make is the prospective examination of the relationship between caregiver characteristics and NPS.

2. The method does not appear to address the hypotheses. The hypotheses indicate that there will be differences in NPS between primary care compared with memory clinics/clinical settings – but only primary care participants are included in the study. If comparisons will be made with data from other studies, the method for doing this needs to be described. Which studies will be selected and how will comparisons be made? Also, the hypotheses should be directional. Rather than stating there will be differences you need to indicate which way you expect the differences to be – eg do you expect that NPS will be lower in primary care compared with memory clinics/clinical settings?

3. The predictor variables for the univariate analyses need to be listed in the data analysis section.

4. Will the predictor variables include whether the participant has had access to a specialised dementia service (eg. single component dementia case management)?

5. Need to explain how drop-outs will be managed in the analyses.

6. Need to explain whether a participant who becomes institutionalised will still be followed up in a facility.

Minor Essential Revisions

7. Reduce abstract – don’t need details of baseline demographic variables, secondary analyses or use of SPSS.

8. In the background you refer to NPI total scores of 4 or more as being clinically significant. Given the NPI total score ranges from 0-144 – a score of 4 seems
quite low. Is this correct?

9. Language throughout needs to be improved. Eg “We will retrieve patients with dementia from the electronic medical files of these general practices.” Replace with “We will retrieve electronic medical files of patients with dementia from these general practices.” Page 8 – “The CMO judged that this project is NOT subject…”

10. Review the use of present tense throughout.

11. Replace periods in numbers with commas – ie 35.6 million rather than 35,6 million (page 3)

12. Provide more details on how patients are recruited – does their GP ring them and ask them if they are happy for their details to be sent to the researchers?

Discretionary Revisions

13. It would be good to include in the background a section describing the Dutch context of dementia services (ie a lot of the information on page 7 could be moved forward).

14. Describe how caregivers are identified – do they need to spend a certain amount of time with the patient, etc.

15. The discussion could be moved around so that the section “The data will help GPs and other professionals… better treatment opportunities” could be moved to the end of the discussion as a better concluding comment.

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

**Quality of written English:** Not suitable for publication unless extensively edited

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests.