Reviewer's report

Title: Functional assessment of older patients in the emergency department: comparison between standard instruments, medical records and physicians perceptions.

Version: 4 Date: 21 June 2006

Reviewer: Andreas E. Stuck

Reviewer's report:

General

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. The abstract should be completely revised, to be consistent with the main purpose and findings of the study. The current version still highlights secondary findings, and does not sufficiently clarify the main research question and the method used. For example, the fact that this was a study of 101 patient-physician pairs is not clear. A further unclarity is that in the results part of the abstract there are data from the medical record review, but in the methods part of the abstract medical record is not mentioned. Finally, the last sentence of the abstract seems to emphasize a secondary finding, rather than to clarify the novel aspect of this study.

2. The revised section (end of introduction) on primary endpoints is unclear. The authors write:

"The primary end pont of this study is to asses the accuracy to which physicians working in the ED understand their patients functional status. Secondary objectives include firstly detecting the possible presence of overdiagnosis of disability." In my understanding, overdiagnosis of disability is one possible finding when analyzing the primary endpoint. Therefore, this secondary objective seems to be part of the primary endpoint.

My understanding, after reading the correspondence, is that the author’s primary objective was to evaluate the accuracy of physician recognition of ADL impairment in older ED patients. If my understanding is correct, then there are two primary endpoints: One, the accuracy of medical records (a comparison of the information in the medical record with functional status based on proxy interviews), and in additiona accuracy of physician knowledge (a comparison of the information obtained from the responsible physician with functional status based on proxy interviews). Possible findings from such an analysis include overdiagnosis of functional status impairment, and underdiagnosis of functional status impairment.

This is still not fully clear. The authors should further clarify the main purpose of the study, and then arrange the entire text of the manuscript accordingly.

3. The first paragraph of the discussion section belongs to the introduction. The discussion should be reorganized according the recommendations of the BMJ (How to write a discussion). BMJ recommends to use the following structure for a discussion section:

Statement of principal findings
Strengths and weaknesses of the study
Strengths and weaknesses in relation to other studies, discussing particularly any differences in results
Meaning of the study: possible mechanisms and implications for clinicians or policymakers
Unanswered questions and future research

(BMJ 1999;318:1224-5)

By using this approach, the authors could inform the reader about the novelty aspect of this study.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author
can be trusted to correct)
none

Discretionary Revisions (which the author can choose to ignore)
none

**What next?:** Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

**Level of interest:** An article whose findings are important to those with closely related research interests

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

**Statistical review:** No

**Declaration of competing interests:**
I declare that I have no competing interests