Reviewer's report

Title: Perceived quality of life of patients one year after stroke in general practice - Recommendations for quality aftercare

Version: 1 Date: 13 April 2010

Reviewer: Timothy Kwok

Reviewer's report:

This was a one year follow up study of a small group of mild stroke patients discharged directly from hospital to the community. Functional status, social functioning, mood, quality of life and caregiver strain were measured by questionnaire interviews by the general practitioner at the patients’ home. The stated aim was to identify remedial factors in order to improve the patients’ quality of life.

Unfortunately the data analysis and the discussion did not achieve this stated aim. The presentation of results was largely descriptive and a lot of cross correlations were performed.

The main findings were that basic functional status, quality of life and caregiver strain of spouses were satisfactory, but there were limitations in higher functions, hobbies and social functioning, and there was more anxiety and depression. Unfortunately, there was not much discussion on what family physicians can do to improve on any of the problems identified.

My suggestions for revision are as follows:

1. The paper should be more focused on QOL as suggested by the title.
2. Presenting cross sectional data in the following order: functioning, occupation, mood, QOL and caregiver strain.
3. Correlations with side of brain infarct are not consistent with the objective of this investigation and should be deleted. The results would have been difficult to interpret in any case, as the sample size was small, and the sites of infarcts were heterogenous.
4. It is not valid to compare QOL with general population in different ages. Suggest confining the comparison with those in the age range of 75-85 years.
5. Barthel index measures basic functional status. Barthel index score of 20 indicates independence in basic functional status.
6. Define depression and anxiety in Table 2 and 4. If they were based on HADS, please specify.
7. In discussion, review literature on interventions that have been tried to improve participation and mood in long-term stroke survivors.
8. Compare the QOL of your study with those reported in the literature.
9. The presentation of the paper should be generally more concise.
Recommendation – resubmit after major revision