Author's response to reviews

Title: The Dementia and Disability Project in Thai elderly: Rational, Design, Methodology and early results

Authors:

Vorapun Senanarong (sivdh@mahidol.ac.th)
Kamolthip Harnphadungkit (sikhp@mahidol.ac.th)
Niphon Poungvarin (sinpg@mahidol.ac.th)
Sathit Vannasaeng (sisv@mahidol.ac.th)
Tipa Chakorn (sivdh@mahidol.ac.th)
Samut Chongwisal (sivdh@mahidol.ac.th)
Piyanuch Jamjumrus (sivdh@mahidol.ac.th)
Athapol Raksapad (ra.atthai80880@gmail.com)
Sunisa Chaichanetree (ch_psycho@hotmail.com)
Nattapol Aoonkaew (nupapopol13@hotmail.com)
Suthipol Udompunthurak (sisud@mahidol.ac.th)
Rachelle S Doody (rdoody@bcm.tmc.edu)
Jeffrey L Cummings (cumminj@ccf.org)

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Author's response to reviews: see over
Dear Dr Nikka Portodo

Please find summary of the change of our manuscript:

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The Dementia and Disability Project in Thai elderly: Rational, Design, Methodology and early results
Vorapun Senanarong, Kamolthip Harnphadungkit, Niphon Poungvarin, Sathit Vannasaeng, Tipa Chakorn, Samut Chongwisal, Piyanuch Jamjumrus, Athapol Raksapad, Sunisa Chaichanetree, Nattapol Aoonkaew, Suthipol Uompunthurak, Rachelle S Doody and Jeffrey L Cummings

As down below

Major compulsory revisions:

1. Authors have added analysis of associations between ADL and vascular risk factors including other relevant factors. Then, authors performed linear analysis on those factors with moderate correlation coefficient and found only 28% variance to predict ADL (from TUG and serum triglyceride). The new table 3 has added and previous table 3-6 are now table 4-7. Authors also have mentioned that “This report is aimed to introduce the project and its background. This is a preliminary analysis on important baseline information and the associations between daily function
and vascular risk factors. Future analysis on other issues from the DDP study will be carried out later. “ in the introduction and discussion section.

Minor essential revisions:

1. Authors have tried our best to tie the study into the discussion part as being labeled in the discussion section.
2. Authors have changed the word treatment gap in to “participants who have untreated diabetes or hypertension” in the appropriate places (abstract, table 4, discussion).
3. Authors have clarified the objective section regarding the 1-2 years follow as suggested “3) Determine the incidence of dementia during a total follow-up period of 1-2 years on patients with MCI.”
4. Authors have added 4 additional references for neuropsychological assessment (ref 23-26)
5. Authors have moved the detailed of sample size unto separate “subject” section as being suggested.
6. In the exclusion criteria, authors meant severe illness at follow up and at baseline and refuse to participate in the study. “Elderly persons who drop out because of the presence of severe illnesses (cardiac, hepatic or renal failure, cancer or other relevant systemic diseases) at the follow up, and who have severe illnesses at baseline and refuse to participate with the DDP study”
7. In the functional and clinical assessments section, authors have clarified as those on antiplatelets and with a history of stroke. “cerebrovascular disease (taking platelet anti aggregation drugs and a history of previous stroke, having a history of stroke, or hemiparesis on neurological examination”

8. Table 4&5 (previously table 3&4) results of statistical data are inserted in the result section as being labeled.

9. Discussion on ADL as changed into reported as frequencies of those 1-2 BADL and 1-2 IADL impairment as suggested.

10. Table 4 (previously table 3) is now rewritten with some clarification as: those with a history of hypertension is divided into adequate treatment with good BP controlled (<140/90)(25.6%) and inadequate treatment with poor BP controlled(74.4%)(BP>140/90).

11. Table 5 (previously table 4) is now presenting % both in role and in column.

Discretionary revisions

1. Authors have changed the word non-case into “cognitively normal elderly” as being suggested.

2. The definition of TUG, GUG and Tinetti assessment as shorted as advised.

3. In the discussion section, authors have added information on WML “52% had mild WML”
The new revised manuscript as changed into recommended format (doc.).

Look forward to hearing from you.

Kind regards

Vorapun Senanarog