Reviewer’s report

Title: Survivors living at home, two years post-stroke: the effects of language function, dissatisfactions with services and information on their quality of life

Version: 1 Date: 14 November 2013

Reviewer: Richard Lindley

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This is an interesting study of unmet need in a wealthy country and as such has useful information about post-stroke recovery and stroke services.

Major compulsory revisions

General Comments

1. The introduction and discussion is rather long and could be edited to be much shorter. Conversely, the results section would benefit from more explanation.
2. Unfortunately, the language of the paper is poor, reflecting the lack of primary English speakers. There are numerous issues with language such as: a) The title would better read: …… Survivors living at home, two years post-stroke: the effects of language function, dissatisfaction with services and information on quality of life. b) Abstract, Background. Stroke is the second commonest cause of death etc. c) Results. Two years after stroke onset, patients suffered multiple problems, with sensory (44.7%), motor (35.1%), memory (31.9%), and language (30.9%) being most common.

Specific Comments

1. You say that cerebrovascular disease was the second commonest cause of death in the abstract, yet the third in the text. In many Western countries stroke is the second commonest cause if cancers are considered individually. If “all cancer” is considered, stroke is usually the third commonest cause of death.
2. The AHA.SOC is an unusual instrument to use. Activities and participation are the terms encouraged nowadays and this is obviously more relevant at the personal level. You need to be careful when you use the term “disability” and “impairment” as these have a specific definition in terms of the older WHO classification.
3. With less than 100 individuals in the study, it is best to only quote percentages to the nearest whole number.
4. The statement: “helps from socio-medical and informational supports are crucial for promoting survivor’s quality of life who live at home with their caregivers.” May not be true. You need to quote reliable research before stating such matters.
5. Reference 23 was your work and the text should reflect this. “Work published
by our group has shown….”.

6. It would help the reader for you to explain what the figures mean in Table 2. For example you could start such an explanation by stating: “The regression coefficient of -19.0 for mobility and motor function means that etc.”. I’m not an expert in multiple regression models and I expect many other readers will be in the same position so you need to explain what these results mean in clear language.

7. Surely your main findings were not that: “Our main findings demonstrate that improvements in services facilitating”, but rather “Our main findings demonstrate that satisfaction with services had an effect on quality of life”.

8. You did not list other important limitations such as the selection bias inherent in this sort of retrospective study. A prospective study would include a wider range of patients. Perhaps only those who had been dissatisfied with their post-stroke care responded to your request? The small sample size is another issue. You did not briefly describe the typical post-stroke care in Luxembourg.

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

Declaration of competing interests:

I declare that I have no competing interests