Reviewer's report

Title: Quality of Life as an outcome in Alzheimer's disease and other dementias - obstacles and goals

Version: 1 Date: 22 May 2009

Reviewer: Michael Rainer

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The manuscript by Riepe et al. addresses very important points which are rarely discussed, standard QoL scales being employed in dementia research in a rather uncritical fashion which is, sadly, not seriously challenged by most reviewers. I recommend publication, pending implementation of the following changes and clarifications:

# Page 4, Discussion/Biomedical instruments:
* Sentence #4 should read: "As the disease spreads, other brain regions are affected as well."
* Line 8: Instead of "This can be portrayed visually..." use "This can be visualized using advanced imaging methods."
* Last sentence on page 4 needs rewording for clarity. I suggest "While any of the assessed symptoms might be present at one time point or the other during the course of an individual's disease,..."

# Page 5, Discussion/Impact of disease
* Par. 1, line 8: Word order: "...on the patient's self-perception of health and treatment impact."
* Par. 2, line 4: Personality characteristics of the proxy are apparently meant here, and it should be so stated.

# Page 6:
* Par. 2, lines 4 to end of paragraph: "For measuring QoL of those who provide care for dementia patients (e.g., relatives) Table 1 without the proxy category would most likely be adequate. All approaches to value QoL require a descriptive element. (The literature mentions valuations based on numerical ratings alone, however, without a descriptive..."

# Page 10:
* Shorten first sentence on top of page: "Impaired awareness of deficits has been associated with malfunctions of..."
* Par. 2, lines 7+8 states: "Patients' awareness of deficits is positively associated with age, gender, premorbid education and socioeconomic status."

(1) This would imply that older dementia patients have more awareness of their deficits -- doesn't seem true; (2) "positively associated with gender" doesn't make sense.

# Page 11:

* Most of the first paragraph of section "Where to go?" needs rewording. I would suggest the following: "In a summary recommendation to patients made after reviewing studies for dementia drugs, the American College of Physicians & American Academy of Family Physicians concluded that outcomes related to QoL were studies (and hence, captured) less frequently than other outcome measures, and did not show consistent improvements attributable to these drugs. Considering that dementia studies do not use survival as endpoint but rather employ intermediate surrogate endpoints, this is a remarkable statement. This enhances..."

* After the Table 2 insertion, I suggest continuing with "A few key questions which TYPE OF studies..."