Reviewer's report

Title: Activities of daily living in dementia: Revalidation of the E-ADL Test and suggestions for further development

Version: 1 Date: 15 August 2012

Reviewer: Sebastian Voigt-Radloff

Reviewer's report:

Major Compulsory Revisions

1. Please describe more in detail the item selection process when the E-ADL has been designed. Who did decide based on what criteria which items to be chosen, and why are the selected items relevant for most persons with dementia (living in a nursing home).

2. Please consider at least two more ADL performance assessments also applied in dementia within your introduction and discussion (AMPS and PRPP, please see ref.). These instruments may especially help to assess persons with mild dementia and may question your recommendation that an expanded E-ADL with more difficult items for this sub-sample is needed.

Ref:


3. Please consider some theory on ADL performance within your introduction. ADL performance is a complex construct including personal abilities (senso-motor, cognitive and psycho-emotional) and context factors such as the social and physical environment. Additionally interests, volition and habits as well as variations over time and current mood or energy level play a role in ADL performance. Especially interests and habits, the variation over time and variances in the social and physical environment are not covered by the E-ADL and in general not by one-time-point-performance-tests within an “experimental” standard environment. Please consider this limitation in your discussion.

Ref.
4. Please discuss the limitations in choosing the care level as external criterion to validate the predictive power of the E-ADL. In Germany, the care level is also influenced by the raters (interrater-reliability is not fully ensured in all cases) and by economic interests, because the inhabitant, carer and/or the nursing home administration is interested in receiving higher reimbursement by going for a higher care level. How can we be sure that the hypothesis of a higher correlation between E-ADL at 12 months follow-up and care level after 24 months is stated a priori and not after these results were found? Why did you correlate values from different time points? What did you not correlate E-ADL and care level both after 12 months?

5. Please discuss the limitation that interrater reliability of the E-ADL is not yet investigated.

6. When you discuss the validity and reliability of the E-ADL in comparison with other instruments (and later conclude/interpret the EADL as sufficient), please give also values of validity and reliability of the other instruments as much as possible, so that the readers have values to interpret, too.

Minor Essential Revisions

7. For me it is not clear if there are missing some labels on the figures?!

8. I would prefer a table with correlation values instead of figure 3.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**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'