Author's response to reviews

Title: The best in the world? A study on key actors maintaining elders in functional autonomy in Bobo-Dioulasso (Burkina Faso)

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Author's response to reviews: see over
We wish to thank both reviewers for their useful comments. We tried as much as possible to respond to it and improve our manuscript.

**Comments from reviewer 1**

The quality of life is indeed an important issue for older people. We will study that aspect in a next study. In this article, we focused on the functional disability of older persons.

**Comment from reviewer 2**

1. *there is no mention, or reference to refer to, as to how this study reported in the manuscript under review is located in the larger study – this needs to be made clearer*

We introduced a paragraph in the introduction to clarify the link between the study reported in this paper and the larger study.

We mentioned explicitly the research question to which this study aimed at responding.

2. *PRISMA-7 is to be used before using SMAF. The PRISMA-7 is used as a case-finding tool to identify older people with potential moderate to severe disabilities (Hebert et al., 2003). The authors need to make clear what has occurred.*

We indeed acknowledged authorization received by « Sherbrooke Health Expertise Center » to use PRISMA-7 and the SMAF.

We explained now in the method section how PRIMA-7 and SMAF were combined in our study. Combined results (Gains and "losses" associated with the use of SMAF preceded of the PRISMA7 in the measure of the functional status of elderly people in Bobo-Dioulasso, Burkina Faso) have been reported in another paper under review.

3. *literature about the role of family and community supports to meet care needs of older people living in the community, it is surprising that this manuscript does not refer to this literature – for the international audience who read this journal, this is needed. Referring to what supports are available in other countries would seem to be important to strengthen their conclusion.*

To the best of our understanding, we refered to African literature about the role of family and community support in the section entitled « Lessons learned by identifying the actors of the social system who maintain elders in functional disabilities » . However, to our knowledge, no study from Subsaharian Africa showed how eventually formal services substituted or supported families in caring for older people with severe disability. Furthermore, no study reported the possible consequences of that on older person with functional disabilities (i.e. death of the older person).

4. *There is a lack of clarity in the manuscript under review as to where, how and by whom the SMAF was administered. More attention to this detail is needed given that the original designers of SMAF have argued for a skilled health professional who can actually assess a person’s capacity by observing what he/she does and then estimate available resources to compensate for any identified disability.*

Details of the person and how he administered the SMAF were inserted in the method section.

5. ‘it is possible, but unlikely, that older people would have underestimated their level of disability’, this leads me to infer that this interviewer did not score the participant’s actual performance but rather accepted the self-reported response from participants. This constitutes a significant variation to how SMAF is to be administered. It is clearly stated in published literature to avoid the under-reporting of disabilities by participants that the validation is based on their perceptions AND objective observations. If this was performed in the study reported in the manuscript then this information must be clearly inserted into it

We indeed explained in the method section, for what domain functions of older person were observed and for what domain they were reporting doing or not activities.
6. Because of this unknown influence of the larger study and the lack of detail as to how the SMAF was administered, I am left with the feeling that there is questionable justification for the interpretations in this manuscript. With more care to the methods section this may be able to be addressed.

Sentences were added in the methods section

7. There needs to be discussion on the limitations of the use of PRISMA-7 and SMAF. There is no discussion on the limitations of the study.

We inserted a section on study limitations

8. The authors take care with terminology and offer definitions as to how they define terms like for example elders, older people, functional disability, functional autonomy, functional status, key actors, and social system. They need to ensure the use of terms is in line with international literature and that they do not interchange terms that are understood to have different meanings. I feel that the figures are too simplistic and do not add new information especially given what is already in the international literature.

9. The table is also too confusing. The actual formatting of references in the reference list seems to be incomplete and I was not able to locate many using information made available.

We used the same definition as the one used by Hebert et al. for functional status, functional autonomy, functional disability.

We harmonized the sentence for the “target population”. We used now the word on older person.