Reviewer's report

Title: Patients with femoral or distal forearm fracture in Germany: a prospective observational study for health care situation and outcome

Version: 1 Date: 5 January 2006

Reviewer: Lois Wehren

Reviewer's report:

General
This is a nicely written paper that describes some consequences of femoral and forearm fractures. It is purely descriptive, because of the nature of the data collection. In addition, statistics regarding long-term care placement may not be comparable to those included in other reports, since the authors seem to indicate that LTC placement is rare on account of (prohibitive) cost. Further, the authors fail to note the relatively small proportion (36%) of patients with whom follow-up interviews were conducted. It is entirely likely that those who could not be reached were sickest/most frail/most compromised, and that the reported results are biased as a consequence. In contrast, mortality is a "hard" end point, and nearly complete ascertainment of vital status has been accomplished.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. The probable bias in the sample who had telephone follow-up must be discussed; the reported proportion with disability is almost certainly low.
2. More information about the age distribution of the study population must be reported, since the authors employed "no age limit". Forearm fractures occur commonly in young persons, and these patients would be unlikely to have bad outcomes.
3. No information is presented about extent of trauma associated with the fracture. Fractures that occur as a consequence of automobile accidents, for example, may have very different consequences than the fragility fractures associated with osteoporosis.
4. Low bone mineral density is not defined by the authors, nor is the site of BMD measurement specified. The prevalence of low BMD they report is surprisingly low, and may reflect some of the previous concerns I have mentioned.
5. Absence of comorbidity information greatly limits inferences about the outcomes and deserves attention in the discussion.
6. Some additional analyses would be informative, for example, age-adjusted mortality comparisons of trochanteric and femoral neck fracture patients; mortality rate comparisons after femoral fracture among patients with and without prior fracture.
7. Although other assessment instruments are described in the methods (SF-12, ADL, GPA, and GCPS) findings relative to these are not presented and discussed.
8. Prior to the index fracture event, one-fifth of femoral fracture patients used assistive devices for ambulation. This is not, contrary to the assertion of the authors, "a relatively small number".

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

1. CRF and CRO are not defined.
Discretionary Revisions (which the author can choose to ignore)

**What next?:** Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No

**Declaration of competing interests:**

I declare that I have no competing interests relative to the content of this paper.