Reviewer's report

Title: Treatment of Osteoporosis in an Older Home Care Population

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Reviewer: Earl Bogoch

Reviewer's report:

General
The article identifies a population who have a high proven or probable prevalence of severe osteoporosis, and detects a relatively low rate of appropriate osteoporosis interventions, which are indicated according to widely published guidelines.

The article leans heavily on the point, that this population is receiving home care services, in Alberta. Therefore it is stated that they have more contact with health care providers than average, and so they should be expected to receive appropriate health care. Therefore it is expected that their rate of OP interventions should be higher than demonstrated elsewhere.

I have some difficulty with this premise. First, most of the contact is with non professionals, such as homemakers I imagine, because the contact with nurses is small. The contact with physicians, who must fill in the home care application, is vague.

Second, this group does have a higher rate of intervention than most other published groups (including the two published canadian articles).

Also, there is evidence that awareness of this problem is increasing, and there is data from Ontario that as many as one third of patients presenting with fragility fractures are now already on some form of OP therapy.

The focus in past years has been on showing that undertreatment of osteoporosis exists in populations that require therapy. Now the focus has really shifted to programs and methods of dealing with the problem. Still it is useful to identify that the problem exists in this population. Do the authors want to add some comment about how the problem could be addressed, even though this is not the subject of their data?

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
Only two Canadian papers are cited. There is also Alexandra Papaioannou's paper on patients discharged from Hamilton hospitals after hip fracture, with an extremely low rate of OP identification (2000). Should probably be cited as well.

On p. 4 the authors list the medications surveyed. Risedronate is not mentioned. Is this because the data is pre-2000?

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
This will be a useful addition to the literature. But it is a relatively small point, adding to a well known issue. I think the paper could be shortened, and the language tightened up somewhat and a brief report published. For example, the Background begins with 10 or 12 lines indicating that fractures occur in fragility fracture populations. This is all very well established. The key background is the
non-investigation and non-treatment of populations known to be at risk. This is where the focus should be. I would leave most of the first part of background out.

THis is my first experience with BioMed Central and I dont know how high the standard of scientific writing needs to be. However, for a normal print publication, I would have said the text needs some editing. eg. the first sentence in Methods is awkward. The senior author is a very skilled academic physician and I am sure he could easily brush up the text a bit.

Discretionary Revisions (which the author can choose to ignore)

In general, a useful contribution that could be easily improved with a few edits.

What next?: Accept after minor essential revisions

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

Quality of written English: Needs some language corrections before being published

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests