Author's response to reviews

Title: Modifiable risk factors for falling and their associations with visiting the Accident & Emergency Department after a fall

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Dear Editor,

Thank you for reviewing our manuscript entitled ‘Modifiable risk factors for falling and their associations with visiting the Accident & Emergency Department after a fall’. We are thankful for the opportunity to resubmit this article for BMC Health Services Research. We appreciate the positive approach of the editor reviewers and the useful and valuable suggestions for improvement. We have carefully studied the comments, suggestions and requests.

The article has been edited by a professional editing service to correct and improve the language of the article. We have added an Acknowledgements section as requested. The author has obtained permission to acknowledge from all those mentioned in the Acknowledgements section.

Regarding the tables, we did format the tables without vertical lines and used the Table tool to format the tables. Titles are above the tables and the legend below the tables as requested. The figure is placed after the references in the manuscript and includes the title and number. Enclosed you will find a point by point response to your comments. We hope that this revision of the manuscript will lead to publication in BMC Health Services Research.

On behalf of the other authors, yours sincerely,

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Reviewer report (Eva Ekall Hansson):

Q1: The current title 'Modifiable risk factors for falling and their associations with visiting the Accident & Emergency Department after a fall' can be rewritten so that it better described the study.

A: We appreciate the editor for this advice. We understand that our title should be rewritten to better describe the study. We hope that the modified title: ‘Risk factors associated with visiting or not visiting the Accident & Emergency Department after a fall’ is concise for the BMC Health Services Research.

Q2: Try to avoid abbreviations in the abstract.

A: We have avoided abbreviations in the abstract as much as possible.

Q3: Introduction: please include a reference in the second paragraph of the introduction. Abbreviations should be explained the first time it is used (A&E and WHO).

A: We included a reference in the second paragraph as requested and explained abbreviations the first time used throughout the manuscript.

Q4: The aim is somewhat vague - the sentence is long and hard to understand. It also seems that the authors’ wants to study risk factors in two different populations, but in the results differences between the two groups are also displayed.

A: We agree with the editor that the aim is somewhat vague. We have rewritten this section and hope that the description of the aim is clearer now. We also made clear that we want to describe differences between the two study groups and adjusted the aim accordingly.

Q5: The method-section is accurate written but not so easy to follow. The last sentence in het second paragraph on page 4 should be moved to page 5, first paragraph, where other ethical concerns are displayed. Please explain all abbreviations the first time they are used (CTI, FOF, WMA). Please describe which descriptive statistic is used.

A: We thank the editor for this advice. We performed the textual suggestion as suggested. We also explained the used abbreviations and described in the method-section which descriptive statistic was used.

Q6: Results: it would be easier to understand which patients are included in the study, if the information in the first paragraph in results was followed by a flow chart.

A: We added a flow-chart to clarify which patients are included in the study.

Q7: Tables and figures: the heading of table 1 should include information about the p-value. ‘General characteristics of the participants and p-value for the differences between the groups’. N=1094 is not necessary in the heading. In table 2 and 3 information about P<0.05 is not necessary, the readers can see that by themselves. Figure 1: A 3D diagram is not so easy to read, 2D is better.

A: We adapted the tables as suggested by the editor. We convertered figure 1, which in the final manuscript will be figure 2, since we added a flowchart to the manuscript, into a 2D diagram.

Q8: Discussion: I think you should start the discussion with the second paragraph instead. That is the most important finding of your study.
A: We appreciate the editor for this advice. We agree that the second paragraph described the most important finding of the study and moved this paragraph to the start of the discussion.

Q9: Conclusion: seems to be missing, however is present in the abstract, please add in the end of the discussion.
A: We added a conclusion in the end of the discussion, as suggested.

Reviewer report (Irene Vikman):
Q1: Background: second paragraph: the statement in this paragraph has no references.
A: We thank the author for her remarks. We added a reference to the statement in the second paragraph of the section Background.

Q2: Methods: the method has to be clarified, it seems that the design is case-control where the case is persons visiting the A&E Department and control older persons with a fall history without visiting A&E Department. In result second paragraph, the persons visiting A&E Department is named control.
A: We clarified the method-section. We removed the term control for the persons visiting the A&E Department and described that we compare two different groups with a fall history. We hope that the method-section is clearly described now.

The instrument CTI is appropriate for the study: however the paragraph about the instrument has to be extended. What are the responses? Give example of what question the dimension patient-characteristics consists of and the dimension causes of the fall.
A: We extended the paragraph about het instrument CTI. We also added of what questions the dimension patient-characteristics consist and the dimension causes of the fall.

The paragraph Statistical analyses should be extended with information about how the numbers of risk factors were calculated.
A: We extended the paragraph Statistical analyses with the required information about the calculation of the number of risk factors.

Q4: In the section Results, second paragraph can be removed to the method-section.
A : We removed the above mentioned paragraph to the method-section.

Q5: Reference list: the reference list number 22 and 23 have to be checked up.
A: We did check up the reference list and especially list number 22 and 23.

Reviewer report (Andrew D Blann):
Q1: I would conclude the introduction with a good original hypothesis. The objective, being to simply ‘to determine’ is incorrect as they have applied statistical tests to different the groups.
A: We thank the reviewer for his comments. We have rewritten the last paragraph of the introduction and removed the term ‘to determine’ as suggested. Since we applied statistical tests to different the groups we used the term ‘to compare’.
Q2: I would present the VAS-fear of falling index (bottom of table 1) with an exact p-value, not p<0.03.
A: We presented the VAS-fear of falling index with an exact p-value. It appeared to be a clerical error, the exact p-value is 0.03.

Q3: I would list factors on table 3 in order of OR.
A: We listed the factors on table 3 in order of OR, as suggested by the editor.

Q4: With n>500 cases, I wonder if the authors have considered a predictive score that inputs the 6 indices in table 3 into an equation. That might tell us of the global score of an individual. They could then validate it with the control group.
A: We appreciate this thought of the editor. This is not something we considered, since our goal was to compare two groups of elderly with a fall incident. However, we think it is an interesting thought, and we will consider this to calculate this predictive score for use in our clinical practice.