Reviewer's report

Title: Psycho-social impact of visual impairment on health-related quality of life among nursing home residents

Version: 3 Date: 20 May 2014

Reviewer: Amanda Elliott

Reviewer's report:

Major Compulsory Revisions

General Comment: This manuscript presents findings that visual impairment impacts health related quality of life in nursing home residents in Nepal. This work builds upon this group’s previous work in this area and is the latest in a string of publications on from this same study. Overall, I find this article to be interesting although I do have some specific points on which clarification would contribute to the strength of the article. These points are detailed below.

Overall: Please conduct a careful review for English language grammar errors, one example is pg 3, 3rd paragraph, 1st sentence would read better as:
Population aging has become an important social issue worldwide and improving quality of life is among the biggest challenges for (who, health care providers?, please fill in).

Abstract: in the methods, please say VA worse than 6/18; using less than becomes confusing when you then use a > symbol.

Intro: I’m not sure I completely agree with the last paragraph of the intro. The authors reference several studies that have looked specifically at HRQoL in NH residents worldwide. Perhaps the authors mean this concept is not well understood in Nepal, or studies are lacking there specifically. I think the authors can amend this section by specifying that there have been previous studies investigating this exact concept, their general findings (as more detailed findings are presented in the discussion), but that these were conducted in other countries.

Methods: Please specify the distance at which the Near Visual Acuity card was held.

Last sentence in first paragraph under Assessment: do you mean that complete exams were carried out in all participants? Or did the optometrist really do exams in every resident regardless of agreement to participate in the study?

Please add to the description of the SF-36. Include how it is scored, and what total score ranges are and what these mean---this description becomes necessary later to be able to interpret the results.

In the paragraph regarding the face-to-face interviews the authors talk about
other research assistants that helped administer the questionnaires. Is the
tagreement they mention regarding a formal inter-rater reliability process? If yes,
what criterion of reliability did you reach/find acceptable? If no, then please revise
this section to make it clear what agreement was calculated.

Results: Under the Near and distance acuity section, please add the word
distance to the second paragraph to make it clear this the description of distance

Under the health-related QOL section, 2nd paragraph: are you talking about
SF-36 composite scores, physical/mental scores? All three?

Same section, paragraph 3: Please describe how only 3 of the subscales
reached statistical significance for differences between groups. Then add to the
discussion thoughts as to why these three may have been affected by VI more
than the others.

A description of the analytical tests ran and rationale is typical in this section and
should be added.

Discussion: 1st paragraph, third sentence: here is where I think a better
description in the methods regarding the scoring of the SF-36 would come in
handy. If the reader knows the total score is 100 then a composite score below
50 is more easily interpreted. Additionally, it would be of benefit to add a
reference or two regarding what SF-36 scores are in older adults who are not
institutionalized since both groups of NH residents (with and without VI) had low
SF-36 scores in the author’s opinion.

2nd paragraph: please add in which country the three references conducted their
studies.

3rd paragraph: The argument being crafted here is not clear to me and I don’t
understand the final sentence. I suggest revising this paragraph to focus on the
author’s thoughts as to why the MC score was lower than the PC in their specific
population versus the populations studied in the other references mentioned.

4th paragraph: This paragraph begins to address this reviewer’s overall thought
about the present study. There are nursing home specific quality of life measures
available that have been used in several studies, even this group of authors has
published those findings. I do recognize that the authors suggest the strength of
the current study is to show the results of HRQoL using a widely used
instrument, however a limitations section is needed in the discussion. Among the
limitations is that this tool is not a vision-specific measure. The results should
then be more fully discussed in comparison to QoL findings using vision-specific
measures. Perhaps a concluding point would be to use more sensitive,
population specific measures when they exist.

Any other limitations to mention to this study?

Recommendation: The second suggestion for future work has been done in
nursing home residents and found that HRQoL does increase in response to vision improving interventions, again these studies have been in different populations, but could be mentioned here.

Table 1: please add distance to the title (based on presenting distance VA)

**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, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests