Author's response to reviews

Title: Two years of psychogeriatrics consultation in a residential nursing home: motivations for the request are confronted with the psychiatrist's assessment

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Author's response to reviews: see over
1. As suggested by the reviewer we changed the title in: TWO YEARS OF PSYCHOGERIATRIC CONSULTATIONS IN A NURSING HOME: REASONS FOR REFERRAL COMPARED TO PSYCHIATRISTS’ ASSESSMENT.

2. For the statistical analysis of correlations we chose to use symptomatology ascertained by the consultant instead of formal diagnosis classified according to the ICD-10, because symptoms gave a wider spectrum of elderly psychiatric clinical conditions and behaviours. The diagnosis classified according to the ICD-10 were used for the description of the sample in order to get a comprehensive vision of their distribution. (We added these informations in ‘Methods’)

3. According with the comments of the reviewer we chose to joint ‘Results’ and ‘Discussion’ in the same chapter to avoid redundancy.

4. We made English editing with professional advice. We modified some formal aspects of graphic structures and tables as requested.

About reviewers’ other comments:

a) major:
- We added a reference to hypoactive delirium in the ‘Background’. In our experience this is not a reason for referral: in fact elderly with this clinical condition are not disturbing and do not represent a psychiatric problem for the nursing home staff.
- During the 2 year period of the study there were no psychiatric requests for dementia. This was probably caused by the fact that in the nursing home Fondazione Molina patients with diagnosis of dementia were mainly referred to the neurologist. Furthermore most of the residents with this diagnosis live in a specific unit (Alzheimer unit). (We added these informations in ‘Methods’)
- P.6 second paragraph: in the nursing home female patients are certainly more numerous in every age group, but when considering referrals for patients in the >85 age group, the requests are proportionally more numerous for females. Thus for this age group we can resume that 37 female patients (12% of the female residents) required 66 consultations (1.78 pro capite) while 9 male patients (12% of the male residents) required 13 consultations (1.44 pro capite). (We added these informations in ‘Results and discussion’ paragraph ‘Type of referral requested’)
- P.10 first paragraph: in this paragraph and in all the article we clarified the exposition of results using easier and shorter sentences.

b) minor:
- We added the distribution for gender and age of all the nursing home population (We added these informations in Table 1).
- We modified the diagnostic categories using standard ICD-10 headings of chapter.