Reviewer’s report

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

Version: 1 Date: 5 January 2006

Reviewer: Marco Rigatelli

Reviewer’s report:

The work “Two years of psychogeriatric consultations in a residential nursing home: motivations for the request are confronted with the psychogeriatrists’ diagnoses”, by Callegari et al, deals with the complex and clinically relevant issue of psychiatric morbidity and/or comorbidity in the population of nursing home elderly residents.

The subject is of course relevant, given the high incidence and prevalence of psychiatric morbidity in old age population and the difficulties in providing proper diagnostic and therapeutic interventions due to specific and atypical clinical features of psychiatric disturbances in this age group. It is not very original as one of the most written-about clinical issues of the latest years, but the high clinical relevance partly compensates this.

1. The questions posed by the authors are sufficiently well defined, though the specific question about the correspondence between reason for psychiatric referral and final psychiatric diagnosis is not sufficiently developed and emphasized in the context of all the other presented data. It is sometimes difficult, also because of language and stylistic issues, to focus on and distinguish among symptoms collected by referring doctors, symptoms collected by consulting psychiatrists and formal psychiatric diagnoses, and to recognize and interpret the pattern they match the one with the other two. More importance should be given to the overlapping between reason for referral and final psychiatric diagnosis, rather than between reason for referral and symptoms ascertained by the consultant.

2. The method employed is sufficiently appropriate and well-described, in its overall linearity and simplicity.

3-4. The retrospective analysis concerns socio-demographic and clinical data collected during the 2-year period of consulting activities: reference to analogous data emerging from literature is made and the conspicuous overlapping is underlined. Bibliographic references are not many and not very updated, though in fact not much has changed as to findings on the subject in recent years.

5. Results and discussion are in the same chapter, which may sometimes create confusion, though it avoids redundancy. In the conclusion, too little and generic reference is made to the specific results of the study.

6. Title and abstract are appropriate.

7. The writing absolutely requires accurate and thorough English editing, possibly with professional advice. Other formal aspects are to be re-thought of, such as clearer graphic structure of the tables and the graphics, eg table 2 (I would put the headline “N of consultations” and then the sub-headlines “Females” and “Males”, instead of “Consultations for female…” in the far left-side column). The choice of grading tones of grey in some of the graphics makes it difficult to have a clear spot on displayed data.
Other comments:
a) major
• Why is dementia never present as a reason for psychiatric referral? Is there a specific pattern of referral in these cases? The authors should comment on this.
• On p. 6, second paragraph: the proportion M/F in different age groups should be also referred to the proportion M/F in the same age groups in the total population of the home (eg in the >85 yo group, females are more numerous not because they have more psychiatric morbidity but because they are absolutely more numerous than males).
• On p. 10, the first paragraph under Correlations between… should be clarified: it is difficult to get the point.
b) minor
• In table 1, p. 5, the distribution refers not to the total population of the nursing home, but only to those who were referred to psychiatric consultation (N = 112, not the 775 total residents).
• On p. 8, the use of standard ICD-10 headings of chapters is preferable (eg “Organic, including symptomatic, mental disorders” instead of “Psychic syndromes and disorders of an organic nature” (F0), or “Behavioural syndromes associated with physiological disturbances and physical factors” instead of what is written).
• On p. 12, 4th line: TCA and not AD tricycle...

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: Not suitable for publication unless extensively edited

Statistical review: No

Declaration of competing interests:
I declare that I have no competing interests.