Reviewer's report

Title: Interventions aimed at reducing problems in adult patients discharged from hospital to home: a systematic meta-review.

Version: 2 Date: 21 March 2007

Reviewer: Suzanne Richards

General
Most of my initial concerns about this paper have been addressed adequately. I remain unconvinced about the appropriateness of conducting a meta-review in this area given the extensive heterogeneity of the interventions which have been lumped together in an attempt to make general statements about the effectiveness of discharge interventions. However, I acknowledge that this is simply a value judgement on my part as to whether or not the degree of clinical heterogeneity is too great to allow this synthesis. This issue should therefore not preclude the publication of this paper and I am happy to leave it up to the individual reader to make up their own minds!

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
None

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

1. The synthesis section (pg 16, methods) lacks methodological references. To readers used to appraising systematic reviews (rather than meta-reviews) the reliance on narrative and tabular synthesis may be viewed as relatively superficial. The authors should consider inserting a few references supporting this approach as appropriate for meta-reviews.

2. Discussion. The text is disjointed where the authors list potential limitations in single sentences separated by paragraph (pages 36 para 3/4 and page 37 para 1/2/3 etc). Please consider reducing the number of paragraphs to improve clarity.

3. Discussion. Page 38 paragraph 1. “...data from the 265 primary studies were combined....” Why would anyone want to do this? The component reviews had clearly identified questions and specifically excluded papers which did not answer the same question. Surely if you tried to synthesise all 265 studies you would be mixing clinically heterogeneous interventions. This approach would contradict methodological good practice (e.g. Cochrane guidelines) for systematic reviews - at the very least you would need to structure the synthesis by Parker's four categorisations before attempting to pool studies.

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Discretionary Revisions (which the author can choose to ignore)
The length and structuring of this paper is still relatively long, and my earlier comments about it being somewhat inaccessible to the reader remain.

1. My initial comment (point 1) around the confusion arising from the use of two frameworks (discharge preparation/ discharge support & after care) and then Parker's four categories remains. I cannot see the added value of having your two broad categories, when most of the results section is clearly structured around Parker's grouping. With a little extra work at this stage you could alter the whole paper to reflect Parker's classification - which would remove around 1 page of text in the methods section (most of page 6) and provide clearer messages to the reader.

2. Page 37 paragraph 4. “These are all speculations etc....” As all your reviews satisfied quality criteria, which included answering a clearly defined research question, the criticism that reviewers need to be more concise in doing their research with well-defined and well-measured research ingredients is unfair. This comment is probably more relevant to the individual trialists than the reviewers.
What next?: Accept after minor essential revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare I have no competing interests.