Reviewer’s report

Title: Healthcare Costs and Utilization for Alzheimer’s Disease Patients

Version: 1 Date: 11 February 2008

Reviewer: Anders Wimo

Reviewer’s report:

Recommendation:
Major Compulsory Revisions (which the author must respond to before a decision on publication can be reached)

When assessing the work, please consider the following points:

1. Is the question posed by the authors well defined? YES
2. Are the methods appropriate and well described? YES
3. Are the data sound? See comments below
4. Does the manuscript adhere to the relevant standards for reporting and data deposition? YES
5. Are the discussion and conclusions well balanced and adequately supported by the data? YES
6. Are limitations of the work clearly stated? NO, see also comments below
7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished? YES
8. Do the title and abstract accurately convey what has been found? NO, it should be clarified that this is a US study (see also comments below)
9. Is the writing acceptable? YES

Although register studies such this one may be of value as a descriptive background for cost effectiveness studies, there are drawbacks that need comments and clarifications.

1- The aim/hypothesis of the study should be clarified (AD patients utilize medical services more than non AD persons etc).
2- The viewpoint should be clarified (it is not societal, since the major cost components, costs of long term institutional care and informal care are not included). Why are descriptive cost studies of interest when the viewpoint not is societal?
3- In the title it should be clarified that this is a US study
4- We don’t know the severity of AD or where the AD patients as well as the
control group live (at home? In institution?). Since nursing home patients probably use less hospital care than home living people, the lack of this information makes the interpretation of the results difficult.

5- Since the diagnoses are registry based, there may be not only VaD in the AD group, there may also be persons with mild/not diagnosed AD in the control group (I would prefer the term comparison group)

6- The study is registry based and not population based, so we do not know whether the results are representative vs a general population.

7- The clinical significance of the significance figures are overestimated since the database consist of 100,000 people, given a great risk of type 1 (alpha) error.

8- The limitations of the studies are hardly not mentioned at all â## it should be a section in the discussion