Author's response to reviews

Title: Frailty in primary care: a review of its conceptualization and implications for practice

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Author's response to reviews: see over
As below, we have made the changes you requested:

Editorial comments:

1. Abstract: I liked the abstract, but thought that it could be strengthened by having clear aims so that the reader knows what to expect. I have added a sentence to the end of your abstract to this effect. Please check this for scientific sense.

Thank you. This is a great help.

2. Background: I thought your background section read very clearly and gave a clear introduction to the review. I have changed some of the wording for clarity and flow.

Thank you. We have accepted each of your changes.

3. Development of the concept of frailty: At the end of this section, you mention that it falls to primary care physicians to provide the bulk of the care. Reviewer 2 notes that this review focuses mainly on family practice but that there are other specialities that also are heavily involved in this aspect of primary care. Therefore, please add a brief sentence here to clarify this.

Thank you. We note that this review focuses mainly on family practice, but that others provide primary care as well.


In this section, you discuss assessment of frailty via the frailty index and its variants. Reviewer 2 makes two points on this that will strengthen this section. Firstly, please could you comment on the usefulness and the roles simple measures of physical performance (e.g. gait speed or chair rise) for assessing frailty. For instance, are these feasible in a busy primary care setting? Secondly, he notes that there are various short forms of frailty indices. What are your thoughts on these?

Thank you. We are all for brief measures, with the caveats noted. First short measures typically do not allow for the precision afforded by longer ones, which becomes important if these are to be translated into aids for clinical decision-making, or used for research purposes; second, they require cross-validation. Third, that people who cannot perform performance measures should be seen as especially at risk, and not as having “missing data” – this is a common practice in epidemiological studies, and can also be the case where protocols require adherence to specific measures. We have addressed this in the paper.

5. Frailty and its recognition in clinical practice: Does recognising frailty improve clinical care?

Here, you discuss how identifying frailty is helpful in clinical decision making even if at the present we lack trials to show that this changes outcomes. However, do you have any real world examples of how diagnosis of frailty would alter care and cost of care? Reviewer 2 request this since in many settings, primary care physicians are under immense time and reimbursement-related pressures. As a result, it will be
important to provide the best possible justification for the inclusion of frailty assessments in the setting of a busy clinical practice.

Thank you. We were embarrassed to have missed the paper in this regard by Melis et al., which did not show up in our search (frailty AND primary care; limits English), and are grateful to Prof. Rikkert for drawing this to our attention. We also tracked through citations of this paper to now add Monteserin R, Brotons C, Moral I, Altimir S, San José A, Santaeugenia S, Sellarès J, Padrós J. Effectiveness of a geriatric intervention in primary care: a randomized clinical trial. Fam Pract. 2010 Jun;27(3):239-45.

We have also found some examples of how diagnosis of frailty may impact healthcare costs and included those.

6. Concept of frailty in primary care: Your review of the literature here reveals that frailty in primary care is still in its infancy. Reviewer 1 notes that it would be useful here to know more about the inclusion and exclusion criteria of the papers assessed here. Please also define the concept of complexity within frailty identification and management, as noted by Reviewer 1. This may be made clearer by performing and additional brief review of the literature.

Thank you. In a sense all of specialized geriatric intervention is an effort to get to grips with the problem of frailty, although with varying degrees of explicitness. For this reason, we aimed at papers which especially discussed frailty and primary care. We have added information about the inclusion and exclusion criteria used in the search.

We have added an early paragraph that addresses the concept of complexity. Thank you.

7. Family Medicine as specialty has advantage to understanding frailty: This section argues that that family physicians are already well poised to incorporate the concept of frailty into the care of their elderly patients and give various reasons as to why that might be. Reviewer 1 notes that it may be useful to have a brief paragraph that gives the most practical guidance to clinicians and researchers. I think this would be best placed here. This can be the “take home message?” for clinicians and researchers of what you have discussed in your review.

Thank you, we’ve added this.

8. Please add the following sections to your manuscript: Competing interests contributions and acknowledgements.

Done – thank you