Reviewer's report

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

**Version:** 1  **Date:** 13 September 2011

**Reviewer:** George Kuchel

**Reviewer's report:**

The authors who are true pioneers in the world of frailty research have provided an interesting and useful state of the art article as regards the concept of frailty and its conceptualization in the context of primary care.

This is a nicely written manuscript. The following suggestions could further enhance its usefulness:

1. Authors discuss primary care in the context of family medicine, yet many other physicians such as general internists, gynecologists, internal medicine specialists and even geriatricians also provide primary care in different settings.

2. 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. Thus, some real world examples of specific ways in which the diagnosis of frailty would alter clinical diagnosis, decision making, care and cost of care would be helpful.

3. Along those lines, what role do the authors see for alternate and somewhat abbreviated approaches for assessing frailty (e.g. the SOF 3 item frailty scale)?

4. Also, what do they view as the role for simple measures of physical performance (e.g. gait speed or chair rise)? Are these feasible in a busy primary care setting?

**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 that I have no competing interests’