Reviewer’s report

Title: Treating frailty. A practical guide.

Version: 1 Date: 29 March 2011

Reviewer: Stuart G Parker

Reviewer’s report:

This paper is a narrative overview of a topic area based on the experience of the authors, and the content of the relevant literature. It’s practical bias is a real strength for an audience of clinical practitioners and it’s message (that frailty should be identified and managed, and that there is evidence and opinion that can guide our decision making in this regard) is certainly one that deserves a platform.

The main weakness of the paper is that it is not presented as either a literature review (with review methodology and results) or as a consensus statement of relevant professional opinion (with appropriate methodology and results). Consequently issues of relevance, bias and generalizability cannot be resolved by the reader.

1. Is the question posed by the authors new and well defined?
The question posed by the authors (how should frailty be identified, assessed and treated) is current and novel to the extent that the article attempts a synthesis and recommendations for clinical practice based on current evidence.

2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work?
The authors provide an abstract, introduction and discussion. There is no method description as such and the results (a table of interventions and guidelines to address the common patterns of frailty in the clinical setting, perhaps also a frailty assessment form and a table of additional recommendations) are simply provided.

3. Are the data sound and well controlled?
Not possible to say from the information provided.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
No. It is a literature review together with a synthesis of good practice guidance. The structure of the manuscript is unconventional (see above) and the methods are not described.

5. Are the discussion and conclusions well balanced and adequately supported by the data?
The discussion and conclusions appear sensible and thoroughly thought through. Some of the recommendations are clearly supported by the data, but others are rather carelessly referenced or interpreted. For example:

On page 3 the authors state that

“the syndrome of frailty is potentially reversible [11,12].”, citing as evidence a review article of the clinical care of frail older people [11] and some original evidence [12], which showed that transitions from states of frailty to the non frail state are a rare occurrence. It might be better to state here that the frailty state is certainly one from in which clinical improvement is possible, rather than to imply that reversal of the state (ie transition to the non-frail state) is likely.

On page 8 the authors state that

“there is good evidence that the allocation of a case co-ordinator to provide long term advocacy and co-ordination of healthcare services to these high risk individuals is beneficial [32].”, however reference 32 is a randomised controlled trial of a complex intervention of integrated services of which case co-ordination was only one element.

6. Do the title and abstract accurately convey what has been found?
Yes.

7. Is the writing acceptable?
With the caveat that more care must be taken over the accuracy and relevance of citations, the writing is acceptable.

Discretionary Revisions
None

Minor Essential Revisions
Careful checking of the content of the cited references against the claims made for them in the text

Major Compulsory Revisions
The document needs to be restructured so that there is some description of the method through which the evidence and clinical recommendations emerged. If this is done a section describing the “findings” – pointing the reader to the figure and tables containing the main outputs should be constructed. There would be no harm in heading this section separately as “results” or “findings” or “recommendations” if preferred. The content of the discussion would then be placed more firmly in a methodological context, and should include also some discussion of the strengths (clinical orientation, concrete recommendations) and weaknesses (bias, generalizability etc) of the approaches used.

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