Reviewer’s report

Title: Treating frailty. A practical guide.

Version: 2 Date: 29 April 2011

Reviewer: Calvin Hirsch

Reviewer’s report:

GENERAL:

The authors have made thoughtful improvements to the manuscript which satisfactorily respond to most of the reviewers’ major concerns. However, I continue to be concerned about their premise that the treatment of frailty should effectively be restricted to formal aged healthcare teams. True, most research on the efficacy of GEM (or lack thereof) has utilized structured interdisciplinary geriatric teams. Although it is heartening to learn that resource-intensive, costly aged healthcare teams are apparently available in Australia, such is not the case in the States outside of a few GEM teams funded, for the most, by the United States Veterans Administration. Thus, the authors’ recommended interventions will be largely theoretical from the perspective of many readers. Nevertheless, the authors should be lauded for taking a firm stance in favor of optimal geriatric care, and if their FIT trial and similar anti-frailty trials prove cost-effective, their model, which most geriatricians will endorse, may be more likely to gain general acceptance, if not universal adoption.

MAJOR COMPULSORY REVISIONS

None.

MINOR ESSENTIAL REVISIONS

1. P 9, para 1, line 2 (“Application of the principles of behavior change to frail individuals involves acknowledging frailty can be a reversible, treatable condition....”) To be consistent with their adoption of the Fried and Walston frailty phenotype to anchor their approach to frailty management, it might be more appropriate to refer to improving components (or contributors) to frailty, eg, “acknowledging that components of frailty can be treated.” The notion that frailty can be reversed (a la Thomas Gill’s article on transitions in and out of the frailty state) is not really a fair assertion, as only components making up a definition can be treated, causing the patient to no longer meet the definition. Reversal also implies cure, which is not likely to occur. “Treated” seems like a more honest and appropriate term.

2. p 9 para 1, last sentence: Although I suspect it’s implied, it is important to state explicitly the need to engage family members. The wording, “recognition of their environmental and personal contexts” seems too vague and unhelpful. What I suspect you’re driving at is the adequacy of social support systems and potential
barriers to interventions, which are important to assess and address.

3. p 9, para 2 (“In our experience, a geriatrician is also necessary.”) There simply aren’t enough geriatricians to go around, and internists and family physicians certainly can learn important geriatric concepts and approaches to care. I recommend changing “also” to “often” or “generally.”

SUGGESTED BUT DISCRETIONARY REVISIONS

P 9, para 2, “The Team:” There simply aren’t enough geriatricians or interdisciplinary care teams (certainly in the States and throughout much of Europe and Canada) to take on the role of treating all patients with frailty, so implying that all frail patients should be referred to interdisciplinary geriatric healthcare teams is unrealistic. While there may not have been studies of GEM performed by non-geriatrician providers, “community GEM” has to happen, and it will be incumbent on geriatric experts to help train internists and family physicians in core geriatric principles, incorporating lessons learned from the frailty intervention trials. This manuscript tends to use a great deal of generalities in its discussions, which do not provide the reader with much tangible guidance. Mitigating this is the recognition that there isn’t space to incorporate all the desired detail. An example of a well-written but minimally helpful generality is the sentence (p 9, paragraph 1), “Individuals should be supported…with recognition of their environmental and personal contexts.” This is pretty obvious stuff. It would be great if the authors could edit out generalities and replace them with somewhat more concrete recommendations without expanding the overall word length.

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.