Reviewer’s report

Title: Behaviour change to promote health and well-being in later life: the AgeWell study

Version: 1 Date: 8 May 2012

Reviewer: Marissa Lassere

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It is good to see that health promotion interventions being evaluated in RCTs. It is quite an ambitious project and one that appears to be quite resource intensive. The protocol is written well, in general clear, and well referenced.

1. Will the study design adequately test the hypothesis? Yes
2. Are sufficient details provided to allow replication of the work or comparison with related analyses: if not, what is missing? Uncertain – see below comments and questions below
3. Is the planned statistical analysis appropriate? Yes
4. Is the writing acceptable? Yes

Comment: Difficulties are the horizon (1, 2, and even 5 years) and what outcomes are being evaluated. Here they are based on questionnaires / instruments rather than important clinical outcomes such as reduction in hospitalizations, decrease serious out of hospital events, health promoting activities, actual social support etc.

Question/s: Have the authors considered what clinically important interventions they would consider in the main trial and should these not be implemented in this feasibility study?

Comment: My experience with undertaking research in the older population is their difficulty being able to complete many of the instruments that have been developed to evaluate emotional and mental well-being, physical well being, perceptions of social support, self-efficacy, learning and cognitive function and so forth. There is an issue of questionnaire burden although often this can be overcome if considered in advance. I counted approximately 15 instruments and interviews that the participants will need to complete. In addition to these the participants undergo an assessment of physical fitness, health and diet. I understand that this feasibility study will determine which instruments are carried over into the main RCT.

Question/s: How many pages of instruments are required?

Will the population that agreed to take part and who managed to get through this initial questionnaire evaluation be a biased subgroup - older but cognitively and motivationally inclined, and perhaps not as generalisable to others?

Are there any exclusion criteria?

If not will it be a consecutive or convenient sample and if the latter how are the
researchers making their decision? That is, on what criteria will subjects be approached for participation?

I would like to see information collected regarding how many subjects were approached to take part and if they refused the reasons for refusal. Is this possible?

Are patients consented? If so are the questionnaires provided after consent? The design also should evaluate how many patients dropped out after attempting to complete the initial evaluation questionnaires? Also, the completeness of the questionnaires and whether assistance was needed for their completion?

Comment: The people that attend the community the resource centre may be selected group that cannot be generalised to all older males and females, a group that may need interventions that promote health aging and the reduction of emotional, physical and social disabilities.

Question/s: Who attends the community resource centre and why?

Comment: I note that there is no upper age group included in the inclusion criteria. The minimum age is 50 years. In Australia many in that age group are still working outside the home earning and income. If the subjects recruited in this feasibility study are mainly in the early 50s rather than late 70s end of the spectrum then the results again are likely not going to be generalisable to older and males and females who I assume are an important target population and on whom we would want evidence to determine whether there are benefits from this program. Colloquially it is said that the 50s are the new 40s and so forth, therefore if we want to be targeting an older age group, this feasibility study could stratify the population into those between 50 and 65 and those 65 and over into equal groups across the three arms. If this feasibility study concerns developing and testing interventions that can be used to promote healthy ageing across a spectrum of the aged then these important design issue should be addressed. If this is a feasibility study then subgroup stratification is not an issue for sample size.

Question/s: Were the investigators planning to use stratification to deal with this issue? If so could they describe? If not would they provide reasons for not doing so?

The final issue is whether a subjects recruited from a village apply to an urban, city population, one where social isolation may be manifest differently. My concerns are that the same generalisability issues may arise, if the main study included subjects from communities that differ from Nefyn. From a quick Google search “With a population density of 46 persons per square kilometre, Gwynedd is the third most sparsely populated county in Wales. Gwynedd, being many a rural area, is characterised by small settlements scattered around the county and larger urban settlements centred around Bangor and Caernarfon in the north, Pwllheli to the west, Porthmadog and Blaenau Ffestiniog in the centre, and Tywyn and Dolgellau in the south. 48.5% of the population live in the former district of Arfon which includes the City of Bangor, Caernarfon, Bethesda, Llanberis and Penygroses. In Gwynedd, the ethnic minority population is small at
1.2% non-white people. The largest single ethnic group in 2001 was Chinese. However, parts of Bangor has one of the highest proportions of ethnic minorities in Wales due to the presence of students from ethnic minorities studying at the University and medical staff recruited from abroad to work at Ysbyty Gwynedd.”

Question/s: What is the population of village of Nefyn, Gwynedd? What is its socioeconomic profile? Will the main trial include subjects from the same or different demographic?