Reviewer's report

**Title:** Feasibility study of an optimized person-centred intervention to improve mental health and reduce antipsychotics amongst people with dementia in care homes: study protocol for a randomized controlled trial

**Version:** 1  **Date:** 16 September 2012

**Reviewer:** Anne Margriet Pot

**Reviewer's report:**

This is an important pilot study for the improvement of care of people with dementia in care homes to enhance their quality of life as well as to reduce the use of antipsychotics. I suggest a few minor revisions.

1. **Will the study design adequately test the hypothesis?**
   
   With regard to PICO:
   
   a. Please add the comparison group (Person-Centered Care alone) in the hypotheses.

   b. For the second hypothesis, a subgroup is defined for which the intervention is assumed to be especially beneficial. I would suggest to do the same for the other two hypotheses, or, if the authors decide not to do so, to describe why not.

2. **Are sufficient details provided to allow replication of the work or comparison with related analyses: if not, what is missing?**

   a. A short summary of the Person-Centered care program would be helpful. I assume that PCC training is delivered to all staff in the participating nursing homes? Does the same hold for the other interventions? Please clarify.

   b. Treatment fidelity of the therapists will be measured. The actual care provided by other professionals involved (staff / general practitioners) might be worthwhile too.

   c. In what way will the homes not already known to the researchers be selected? I suppose the 12 residents who will be selected will live on different wards of a ‘traditional’ nursing home? Or are homes providing small group living care also included?

3. **Is the planned quantitative and qualitative analysis appropriate?**

   a. The authors write: “Findings of the qualitative study will contribute to the optimization of the interventions, the training and the implementation approaches in the larger RCT, WP5.” This qualitative study may also shed more light on the specific outcomes and mediators (working mechanisms) of the interventions that need to be taken into account in the planned RCT (as described on page 7). Please add.

   b. Why are the assumed mediating factors not measured in the quantitative
study? Including questionnaires on staff beliefs and attitudes might add important information on the use of these instruments for the planned RCT.

c. I suppose the outcomes are measured on an individual level. Please make more explicit.

d. With regard to the follow-up period of nine months: how will be dealt with attrition?

4. Is the writing acceptable?

a. The authors describe a complex design in a very comprehensible way. My only suggestion would be to take a bit more international perspective for the introduction.

I am looking forward to the results of this study.

**Level of interest:** An article of importance in its field

**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'