Reviewer's report

Title: "You've got to make it relevant": barriers and ways forward for assessing cognition in Aboriginal clients.

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Reviewer: Dina C LoGiudice

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"You've got to make it relevant": barriers and ways forward for assessing cognition in Aboriginal clients.

There is a need for competency/guidelines in the use of cognitive assessment scales for Aboriginal Australians. This paper addresses barriers to assessment of cognition, and describes cognitive formats that might be more appropriate. This is in addition to a published paper by the author Dingwell et al, BMC psychiatry 2013; 13:42, that addresses some of these questions.

The paper is well written and easy to follow. The barriers discussed give important insights into the future developments. The authors discuss cognitive assessment for all Aboriginal Australians in NT, including children, young adults and older people, in both screening and diagnostic forms. The needs for all these groups are quite different.

Major comments

The participants discuss many tools/ scale that are traditionally utilized by neuropsychologists e.g. Rey, WAIS. Therefore it is unclear whether the responses relate to a focus on screening tools or diagnostic tools, as the approaches would differ. Similarly the needs for cognitive assessment in younger vs older people, and ABI vs dementia vary. This makes interpretation of the findings difficult.

Table 1 is useful in broad descriptive terms

How did the authors derive the list of scales in Table 2? It seems quite ad hoc, and unless an extensive review of neuropsychological tests is undertaken, does not add value to the paper. The list appears weighted to particular tools, and doesn't correlate well with the list described by the same participants in the previous paper published (see above). Neurological measures are very crude, ie finger nose etc, that may be the result of neurological problems not always associated with cognitive impairment. The cog state is primarily a research tool.

I would be interested in future directions. E.g. If cognitive assessment scales were to be adapted or developed how would they be validated (against what gold standards that are practical) and would there need to be a different approach for different groups of conditions (e.g. ABI compared to dementia; young vs old)
The limitations could be further explored.

Minor comments

The authors interviewed 22 clinicians, and some details are given about their backgrounds and experience. Other information that would be interesting includes (i) the proportion of those interviewed who assessed the aged compared to young adults, and/or children; (ii) how many were formally trained in use of neuropsychological tools that were mentioned throughout the paper; and (iii) how often cognitive assessments were part of their clinical practice? (iv) Was there an attempt to approach neuropsychologists (although I realize there are few working in this area).

The KICA is described as an adapted MMSE, but there are few questions that are similar. I think the authors mean it is a screening tool for older people with cognitive impairment.

Although an interesting paper, I am not sure it adds much more to the paper already published by the authors in BMC 2013

Level of interest: An article whose findings are important to those with closely related research interests

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