Reviewer’s report

Title: Challenges in diagnosing dementia in patients with a migrant background - A cross-sectional study among German general practitioners

Version: 0 Date: 02 Jan 2019

Reviewer: J. van den Broeke

Reviewer’s report:

Overall this study is important as it may form the base for further developments that will lead to an equal chance to good dementia care for migrants. Also, not being able to treat all your patients in what you think would be the best way, is frustrating for GPs. Helping GPs performing better is of great importance both for GPs, for patients and for their family members.

However, it would not be helpful if the study fuels stereotyping. It can be a challenge to get the balance right between useful information about (treatment for) a patient group and assuming generalities for all people within 'one group'. Many good and important studies that have been held and published about so far, may unintentionally discriminate. It is a challenge for scientific writing and research in this day and age to treat all respondents and study subjects in an ethical responsible manner based on equity. I hope you will reconsider some of the sentences with this ambition.

Methods: What exact questions did the survey contain? In figure 3: What was meant by 'Patient's refusal because of cultural attitude'? What is 'cultural attitude'? Can it be stated that it always is the physicians' responsibility to approach a patient in a way that fits the patient? Eg providing a patient with the choice for an operation using very difficult medical jargon may also result in refusal. Would it be proper in this case to mention 'patient's refusal because of cultural attitude' if the patient would have gone through with undergoing the operation if it were explained in understandable clear words?

In the summary, lines 41-42, please clarify whose 'socio-demographic characteristics' are of no influence.

Please rewrite the first paragraph. Please explain diagnosing dementia in individuals with migrant background can be associated with various difficulties from the perspective of the person diagnosing. In line 59 e.g. who is meant with 'they'? The GPs who diagnose? And why would a taboo cause difficulties with diagnosing? Please explain or not mention it. Also it is mentioned that understanding dementia can be 'culturally shaped'. In my experience, many migrants do not know about dementia, as many other people who have received little education and have low health literacy. The symptoms can be quite difficult to understand if you do not know about the disease and this may cause feelings of shame. Once families know about the disease and have gotten information about it, they understand it is a disease and feelings of shame go away. But is it correct to state this is 'culturally shaped'? (thesis Seeleman 2014: "Many difficulties experienced in healthcare in a multiethnic population are not a result of the
patient's ethnicity, but result from universal determinants such as low socio-economic status or low health literacy.

Methods/Objectives: Why were socio-demographic data of GPs included? What do the patient populations look like in North Rhine-Westphalia? Are there relatively many people who migrated there from Turkey, Russia and Poland?

Discussion, lines 210 and the following: which references support stating 'lack of knowledge about regional services'?

Lines 224-226: these findings were not significant. If you want to mention this, what supports your assumption that the age of the GP and the number of migrant patients do matter? Could it be possible that GPs who do not have many migrants as their patients are unaware of their incompetence? (thesis Seeleman https://pure.uva.nl/ws/files/2005219/135897_thesis.pdf)

Lines 227-234 preferably are mentioned in the introduction (perhaps right after lines 74-76), because it is already known that educational level complicates diagnosing (see for instance Goudsmit et al. 2017 https://www.rug.nl/research/portal/files/43810937/The_Cross_Cultural_Dementia_Screening_CD_A_new_neuropsychological_screening_instrument_for_dementia_in_elderly_immigrants.pdf)

Line 245: clear, accessible and understandable materials/information --> information in different languages still will no help if it is provided in a too difficult manner (medical jargon) not suitable for people who are illiterate or have low health literacy

Lines 254-256: This sentence seems not to be fitting in with the article, because it touches upon an other subject. If the German language would be acquired, problems with the tests would still be present.

Conclusion: To my knowledge the problems with diagnostic tools in diagnosis of dementia among migrants is for a large part that these tools are not suitable for people with low education, low health literacy and a certain degree of illiteracy, which many migrants have. Therefor I would not put 'culturally independent' in the conclusion so prominently. (Also see Goudsmit et al. 2018: https://www.karger.com/Article/FullText/490174)

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Unable to assess

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes
Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

Quality of written English
Please indicate the quality of language in the manuscript:

Acceptable

Declaration of competing interests
Please complete a declaration of competing interests, considering the following questions:

1. Have you in the past five years received reimbursements, fees, funding, or salary from an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?

2. Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?

3. Do you hold or are you currently applying for any patents relating to the content of the manuscript?

4. Have you received reimbursements, fees, funding, or salary from an organization that holds or has applied for patents relating to the content of the manuscript?

5. Do you have any other financial competing interests?

6. Do you have any non-financial competing interests in relation to this paper?

If you can answer no to all of the above, write 'I declare that I have no competing interests' below. If your reply is yes to any, please give details below.

I declare that I have no competing interests.

I agree to the open peer review policy of the journal. I understand that my name will be included on my report to the authors and, if the manuscript is accepted for publication, my named report including any attachments I upload will be posted on the website along with the authors' responses. I agree for my report to be made available under an Open Access Creative Commons
CC-BY license (http://creativecommons.org/licenses/by/4.0/). I understand that any comments which I do not wish to be included in my named report can be included as confidential comments to the editors, which will not be published.

I agree to the open peer review policy of the journal