Reviewer’s report

Title: Cognitive, functional, physical, and nutritional status of the oldest old encountered in primary care: a systematic review

Version: 1 Date: 18 Jan 2020

Reviewer: Kirsten Moore

Reviewer's report:

Thank you for the opportunity to review this revised version. The revisions to the table have made it easier to interpret and my previous comments have been addressed.

In the results, on page 12 it would be helpful to indicate whether the MNASF score ranges reported indicate good or poor nutrition on average.

Most of my comments relate to the discussion. I find the section 'comparison with younger elderly' confusing. It starts with cognitive impairment, then goes onto the other measures and then goes back to cognitive function. It would be easier to read if you just reported the different groups as those over 65 compared with those over 90 rather than the 'elderly' with the 'oldest old'. Also, I am not sure that you can say that cognitive impairment was lower in the 90+ compared with 65+? It seems that in the 65+ cohort there is a wide gap-although the upper end is relating to an 80+ group (which we would anticipate being much closer to the 90+ group than 65+). This finding would be inconsistent with most literature that shows that cognitive impairment increases with age. Also, the proportions vary considerable between studies suggesting discrepancies in definitions, methods and/or study populations. When you report cognitive impairment it is not clear whether you are combining it with dementia or separating out the MCI component?

This section is also difficult to read because you include percentages for the 65+ but not 90+ groups, so it is difficult to compare. I agree that you shouldn't be repeating all the statistics in the discussion, but perhaps it would be better to add another table that summarises the key statistics for the four outcomes by papers in your analysis (90+) with other studies showing 65+. I think you could include this in the results and then you could just describe in the discussion the key differences rather than all the statistics.

P16 - With the exception of the last sentence, I disagree with the paragraph that begins by indicating that care plans for this sample are relatively new. The speciality of geriatrics and comprehensive assessment has been around for several decades and were available 20 years ago.

I do not think the addition of the limitation about biological versus chronological age is necessary. There may be differences, but most research would be based on chronological age and in practical terms this would be only way you could do a review.

Some minor edits required:
P 3 line 67 - should be: The care of the oldest old…

P3 line 99 - add (NOS) after Newcastle-Ottawa Scale as you later use this acronym

P14 line 287 and 288 - living in a nursing home

P16 line 343 - multi-professional rather than pluri

P17 line 377 - requires a reference

In Figure 1 the perhaps delete the word 'qualitative'

Throughout - the term mild dementia is more commonly used than 'light' dementia.

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

Yes

**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?**
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I am able to assess the statistics

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