Reviewer’s report

Title: Discordance between physician-rated health and an objective health measure among institutionalized older people

Version: 4 Date: 9 April 2015

Reviewer: Willem Bossers

Reviewer’s report:

In the presented work, which is based on a dataset, that consists of 674 residents aged 65 years, the authors conclude that physician overrating of the overall health in older persons in residential and nursing homes appears to be very high. As the authors propose in the article, this may lead to deficits in the recognition of serious health problems which may preclude preventive treatment. The article is reasonably well written but needs further work to improve the rationale and readability concerning the presentation and interpretation of the results. If the manuscript is improved, this work can be of high clinical relevance.

- Major Compulsory Revisions

1. The rationale of the study should be improved. In the Background section there is no/little background/overview on previous work that is done in the field of discordance between physician-rated and objective health. The authors refer to four relevant references concerning this topic. However, the reader is not informed what these studies found, what was missing, and why the current study is an addition to what is known. Furthermore, the authors do not pose an hypothesis on what they expect and why. I also suggest that all remaining opinions/statements in the Background section should be supported by suitable references.

2. The authors conclude that there is a notable discordance between objective health rating and physician health rating. This conclusion is based on Figure 1 (see Discussion). However, these are % group based data which do not show individual discordance. Can it be that according to this analysis method a subject can be assigned to fair objective health, poor physician health, and good self-rated health? Presenting the data as was done in Figure 1 may therefore be misleading when making conclusions about discordance.

   Possibly, another data presentation method (as shown in Table 2) is more suitable to make the point of notable discordance? See an example in the attachment. Two other figures that present Self-rated vs. Objective and Physician vs. objective can be made. By presenting the data in this way discordance data between ratings may become more transparent for the reader.

3. In the Discussion section, only two studies are used to reflect the findings of
the current study (reference nr. 13 and 14). The authors mention these studies but do not place their findings into perspective of these studies. Therefore, the Discussion section needs a major revision so that the results are better placed in perspective of the field.

- Minor Essential Revisions

1. Background, third paragraph. What do the authors mean with the sentence: “Whatever the case, a reasonable link with objective facts would be expected, and perhaps even something more. And: “This remains to be seen”. I suggest to avoid these statements because they leave to much room for guessing (i.e., these statements are considered vague).

2. Background, fourth paragraph. “Criterion validity for the main variables will be undertaken through mortality data.” This idea is not introduced and needs introduction and background.

3. Methods, baseline data collection and variable definition. “Subjects were asked about their health via the question, "In general terms, how would you describe your health: very good; good; fair; poor; or very poor?" Was this question derived from an existing (validated) questionnaire? If so please refer to the questionnaire or study that included this question for the assessment of self-perceived health?

4. Methods, baseline data collection and variable definition. “Physicians were asked to rate residents' health in a similar fashion…” Please be more specific and pose the question that the physicians had to answer.

5. Methods, baseline data collection and variable definition. “Interviews were conducted with the aid of…” Please specify with whom the interviews were conducted.

6. Methods, baseline data collection and variable definition. Functional status. “We drew up a three-category version based on the following proposed groups [5]:….” Please write in an active voice. E.g., The following three functional dependency categories were composed for the Barthel Index [5]: Independent (100 points); …. 


8. Analysis. Please specify the software that was used for data analysis.

9. Results. First paragraph. “Table 2 shows the distributions of physician-rated health, objective health, and self-rated health.” Maybe I am reading Table 2 wrong but only physician-rated health and objective health distribution/counts are presented and not self-rated health. Please adjust Table 2 to provide complete information.

10. Figure 1. If the authors choose to keep this figure, please provide necessary axis information for both axis. What do the words good, fair and poor mean?

11. Table 1. This table can not be read separately from the manuscript. Consider to use superscripts to provide information what the numbers mean.
12. Table 1. Superscript b should be placed after ‘Functional dependency’ or after all sub-categories Independent, Mild/Moderate, and Severe/Total.

13. Table 2. Note contains an error “those with … 4 chronic conditions”.

14. Discussion. First paragraph. Please specify “high fraction of overrating” (e.g., Clear overrating of physician and objective health rating was seen in four out of ten cases, which can be considered high compared to previous studies that showed…. (Reference).)

- Discretionary Revisions

1. Background, fourth paragraph. Please reconsider the use of “To our knowledge”. A thorough description of the existing literature, including what is missing, should be done to avoid these words. Furthermore, I advise to rephrase paragraph four so that it more clearly states the primary and secondary goals of the study.

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

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that I have no competing interests