Author's response to reviews

Title: Prevalence of frailty and its associated factors in older hospitalised patients in Vietnam

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To the Editors
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RE: RESPONSE TO REVIEWERS COMMENTS ON MANUSCRIPT ID BGTC-D-17-00168R1

We would like to thank the reviewers for the time spent reviewing our manuscript and for their useful comments, and to thank the editors for the opportunity to respond.

We have specifically responded to the issues raised as detailed below, and would be happy to address any further issues if required.

Reviewer reports:

Oleg Zaslavsky (Reviewer 2): The authors adequately addressed reviewers concerns.

Interesting paper that contributes to the growing body of literature on importance of frailty and developed and developing countries.
I have few suggestions.

1. I would recommend to include response categories to one item question about 'poor nutrition'. It is unclear how this was scored.

Response: Thank you for the suggestion. We have added the response categories after the question: “with the response categories included “poor”, “stable” or “healthy”” (Please see Results, lines 15-16)

2. Limitations should also include statement about selection bias due to unavailability of data on persons no screened for frailty. This might underestimate the extent of frailty in hospitalized population.

The authors mentioned that patients were not approached on weekend and holidays but with only third of patients being recruited there were may be other considerations that affected recruitment.

Response: Thank you for the suggestion. We have added this sentence in limitation: “This study may also be prone to selection bias due to the unavailability of data of patients that were not screened for frailty.” (Please see Discussions, lines 43-44).

As we stated in the revised manuscript, patients were not approached on weekends, holidays and also during the time that the recruiting team (who are doctors and master students) were busy with other tasks such as examinations at schools and the duties at their workplaces. That is why there were only third of patients being recruited.

3. Another important limitation that needs to be addressed is unavailability of cognitive screening. It is unclear whether patients could reliably respond to self report items. The authors mentioned that proxy reports were used in patients with diagnosed cognitive impairment, but because cognitive issues were only reported in 7 out of 461 patients, there might be a misreport of cognitive deficits in this population.

Response: Thank you for the suggestion. We have added this sentence in limitation: “Participant cognitive screening was not conducted by the study team and participants’ cognitive status was identified based on their medical records.” (Please see Discussion, lines 44-46)