Author's response to reviews

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

Authors:

Huyen Vu (vuthanhhuyen11@hmu.edu.vn)

Thanh Nguyen (xuanthanh1901vlk@gmail.com)

Tu Nguyen (nntu81@gmail.com)

Anh Nguyen (trunganhvlk@gmail.com)

Robert Cumming (robert.cumming@sydney.edu.au)

Sarah Hilmer (sarah.hilmer@sydney.edu.au)

Thang Pham (pham_thang-vlk@yahoo.com)

Version: 4 Date: 24 Aug 2017

Author’s response to reviews:

Dear Editor,

We would like to thank you for the time spent assessing our manuscript and 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.

1. We have noted that you have indicated that you used “The Fried frailty phenotype included five criteria proposed by Fried with some adaptation in the slowness and low physical activity components”. Please can you include an English copy of this adapted scale/questionnaire.

Please clarify whether all of the scales and interviews used in this study were adapted specifically for this study or if they have been published elsewhere previously. If they have been adapted for this study, please upload an English copy as a supplementary material. If you do upload these as supplementary materials, please also include an Additional File List, where you list the following information for each additional-supplementary file in the file inventory:

- File name (e.g. Additional file 1)

- Title of data
- Description of data

Response: the adapted Fried frailty criteria was already described in details in the current manuscript as follows:

(1) **Unintentional weight loss of ≥5% or 4.5kg in the last year.**

(2) **Weakness:** Grip strength in the dominant hand was measured with a dynamometer (Jamar TM Hidraulic Hand Dynamometer 5030J1 made in USA), adjusted for gender and body mass index (BMI) [15] according to the lowest quintile. This method is consistent with the method in the original study conducted by Fried et al in 2001 [16]. The cut-off points established were: (a) in men: BMI <18.50: grip strength <6.8kg; BMI 18.50 – 24.99: grip strength <12.0 kg; BMI ≥25: grip strength <12.6 kg; (b): in women: BMI <18.50: grip strength <4.0 kg; BMI 18.50 – 24.99: grip strength <6.0 kg; BMI ≥25: grip strength <9.8 kg.

(3) **Low energy (Exhaustion):** Based on questions from the Centre for Epidemiologic Studies Depression Scale (CES-D): In the last week “I felt that everything I did was an effort” and "I couldn’t get going". Those who answered "frequently" or "always" to at least one of these questions were considered to meet this criterion.

(4) **Slowness:** We used the cut point of 5 seconds after walking 4 meters to identify participants with slow walking speed [17, 18].

(5) **Low physical activity:** Those subjects who answered “I rarely or never do any physical activities” were considered as having low physical activity.

In fact, we also addressed this issue in our first response to reviewers’ comments. Please refer to our response to the comment No.9 of the Reviewer 1 as follows

"9. Page 6 line 4 - Physical activity is defined as any body movement with muscle contraction energy expenditure. Authors used planned exercise as the criteria. Please provide a reference for this or explain why you decided to address it in this way. Fried's phenotype clearly refers the low physical activity as an indirect measure of energy expenditure. There was a probably overestimation of the prevalence of this criterion. If so, refers it as a study limitation. Probably this is one of the main reasons why you observed a high prevalence of the low physical activity component of the Fried phenotype. The reported physical performance component of the REFS also addresses quite vigorous-intensity activities. This may be better discussed.

Response: Thank you for your suggestion. In fact, other studies have also adapted measures for Fried phenotype criteria in different populations. Fried et al. have shown that surrogates for individual frailty phenotype criteria are possible. (Eckel SP, Bandeen-Roche K, Chaves PH, Fried LP, Louis TA. Surrogate screening models for the low physical activity criterion of frailty. Aging clinical and experimental research. 2011 Jun;23(3):209–16)."
2. It has come to our attention that throughout the manuscript there is significant text overlap with other publications. While we understand that you may wish to express some of the same ideas contained in these publications, please be aware that we cannot condone the use of text from previously published work. We would therefore be grateful if you could provide a justification for the overlap in text between your manuscript and other sources. Please be informed that we cannot proceed with handling your manuscript before this issue is resolved, and the sections of text in question have been reformulated. The report has been attached to further help your revisions.

Please note that the software used to detect overlaps is imperfect and highlights two or more consecutive matching words, therefore, please just focus on those whole sentences/paragraphs highlighted. If this study uses methodology from a previously published work, please provide a summarizing statement in the methodology together with a citation to the original paper.

Response: Tu N Nguyen (the third author) was responsible for the majority of the writing of this manuscript. A sub-study of this study was published previously as “Nguyen T.N., Huyen V.T., Nguyen X.T., Pham T., Hilmer S., Cumming R. Prevalence, risk factors and pharmacological treatment of atrial fibrillation in older hospitalized patients in Vietnam. International Cardiovascular Forum Journal. 2016; 8:79-84. DOI: 10.17987/icfj.v8i0.339” with the same methodology. In that study, we use the database of this study to investigate the prevalence of atrial fibrillation, its associated factors and pharmacological treatment in older hospitalised patients in Vietnam, and also to investigate the impact of frailty on the pharmacological treatment of atrial fibrillation. This paper was also included as a chapter in Tu N Nguyen’s PhD thesis at the University of Sydney. Here is the list of Tu N Nguyen’s previous publications which may contain text overlap with this manuscript:


3. Please clarify why oral consent was obtained instead of written consent, was this approved by the ethics committee. Please include these clarifications in the Ethical approval and consent to participate section.

Response: We have addressed this issue in our first response to reviewers’ comments. Please refer to our response to Comment No.11 of the Reviewer 2 as follows:

"11. Page 5, Line 16: Why oral rather than written consent was collected. Practicality or some other consideration were involved? Need more explanation of why oral consent is appropriate in this study especially in vulnerable and hospitalized older adults. The cognitive assessment is critical for informed consent form both legal and ethical standpoint. Moreover, as previously mentioned both RESF and Fried' frailty phenotypes have self-report items; how did the authors retrieve data from persons with cognitive impairment is unclear.

Response: Oral consent is a common practice in Vietnam. In our culture, people (especially older people) usually hesitate, worry and feel uncomfortable when they have to sign in written forms. For those with severe cognitive impairments, we collected data from their caregivers and from the medical records."

4. Please amend the initials in the Authors’ Contributions section so that they are in the same order as the authors’ names in Editorial Manager, such as HTTV for Huyen Thi Thanh Vu.

Response: We have made corrections in the Authors’ Contributions section.

5. Some of the authors’ names appear to be different to how they were entered in Editorial Manager, please ensure they are the same, and the correct format.

Response: We have made corrections.
6. Please include all of the emails of the authors on the title page.

Response: we have added all of the emails of the authors on the title page.

7. At this stage, please upload your manuscript as a single, final, clean version that does not contain any tracked changes, comments, highlights, strikethroughs or text in different colours. All relevant tables/figures/additional files should also be clean versions. Figures (and additional files) should remain uploaded as separate files.

Response: We have uploaded a clean manuscript according to the instruction.