Reviewer’s report

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

Version: 0 Date: 14 Jun 2017

Reviewer: Oleg Zaslavsky

Reviewer’s report:

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The purpose of this study was to examine frailty in older and hospitalized older adults in Vietnam. The unique cohort and two methods to evaluate frailty is a likely strength of this manuscript. However, I have some concerns about the way data was collected, analyzed and presented here.

Methods: Need clear explanation of sample size considerations (how many approached and screened out and reasons for not being included), recruitment flow (flowchart would be ideal), missing data (what about those who did not have all frailty criteria collected/missing data on risk factors), data collection procedures (cognitive screening? proxies in those with cognitive deficits?), definition of the main variables (data collection tools? Self report vs ICD codes), frailty criteria (translation and cultural adaptation?). In addition, it would be beneficial for the readers to understand why these specific frailty tools were selected. The authors mentioned that there are more than 20 different approaches to evaluate frailty but the reasons for selecting Fried's and Edmonton scales were not explained. The authors also mentioned that frailty is used for risk stratification, but outcomes were not collected here. Although, prevalence of frailty in hospitalized patients is important for epidemiological purposes, it would strengthen the manuscript to also collect outcome data such as length of stay, complication rate, mortality, etc.

#Page 4, Line 58: Study population. The authors did not explain of sample size calculation in this study. Notably, the workflow or flow chart of participant recruitment would be helpful to have a better picture about the overall flow and frequency of missing data.

#Page 5, Line 10-11: The exclusion criteria. The authors explained that they excluded "blind" and "deaf" older person. How were these defined? Self report? Although cognitive deficits are common in this population, it is unclear whether or not cognitive screening was administered. This is important information because some frailty criteria are self reported and it might be challenging to get valid and reliable information from a patient with severe cognitive impairment. If the authors included reports from proxies, it should also be explicitly stated.
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.

Page 5, Line 25: Frailty instruments. Need clear explanation on whether or not frailty tools were translated and culturally adapted to local setting. No information was given on what "some adaption" Fried's frailty phenotype means.

Page 6, Line 37: Need more explanation of the scientific reasoning and the definition for each potential risk factor. Also, please describe how were those data (medical record, ICD-10, or other resources) collected.

Results:

Page 7, Line 5-6: The term " poor reported nutritional status" is not well defined. More information and explanation is needed.

Discussion

Page 8, Line 5: Again need more explanation about the definition of poor nutrition status; why it is relate only to protein intake? Moreover, this study did not explore protein consumption pattern of the participants. Thus, discussion part needs more information about that.

Page 8, Line 24-30: The authors stated that the cardiovascular disease only relate to Fried's but not to REFS phenotype. Could you please provide more details about this? why would it be?

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

No

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

Unable to assess

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

No
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:

Needs some language corrections before being published

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