Author’s response to reviews

Title: Measuring frailty in clinical practice: a comparison of physical frailty assessment methods in a geriatric out-patient clinic.

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Version: 2 Date: 11 Jun 2017

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June 11, 2017

RE: BGTC-D-17-00013

Dear BMC Geriatrics Editorial panel,

Thank you for reviewing the revised manuscript entitled, “Measuring frailty in clinical practice: a comparison of physical frailty assessment methods in a geriatric out-patient clinic”. The reviewers raised a number of good points again, which have been addressed below. Our responses to the reviewers comments are in bold and all changes to the manuscript are indicated in the text by track changes. Please note that the staff survey has been removed from the manuscript. Therefore, the previously submitted Supplementary File (Staff Survey) should not be published if this paper is accepted. We would also like to reiterate that this revised manuscript
represents the original work by the authors and the manuscript is not under consideration elsewhere. Thank you very much for the opportunity to respond to the reviewers’ comments.

Sincerely,

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Reviewer #1 (Brian Buta):

1. The authors have done a nice job in responding and revising based on the initial feedback from the reviewers. As I read through the revised manuscript, I still feel that there is something missed by having only the clinic staff complete the survey, since they did not perform the frailty assessments. I would recommend that the research assistant complete the survey as well, but a) too much time may have passed at this point and b) it would only be the input of one person; still, a comment as to why the RA was not surveyed would be helpful.

Thank you for the suggestion. We agree that too much time has passed to yield accurate results from the RA on the survey. We agree with the other reviewer that the paper would be more clear and concise without the survey. Therefore, we removed the survey from the paper.

2. It also would have been useful if the study had measured time to complete the each of the assessments, so as to generate a mean time for assessment completion for the frailty phenotype and the SPPB. This would support your statement on page 15, lines 46-48 that "Therefore, selecting the frailty assessment protocol that requires the least amount of time to complete may be ideal for clinical settings." Given that you do not have objective time measures, I think you should consider adding a qualifier to the end of this sentence, such as "from a staff perspective."
As mentioned in the response above, we have decided to remove the staff survey from the manuscript and have removed discussion about the staff perspective from the survey results.


Thank you for noticing this oversight. We have added the citation to the Methods section on page 10.

4. In the discussion section, page 16, line 15, I think it would be more informative to say "six out of nine participants" instead of "two thirds of participants classified as non-frail using Fried's phenotype method had cognitive impairment...".

We have modified the wording of the sentence to: “However, over 60% of participants classified as non-frail using Fried’s phenotype method had cognitive impairment…”. This appears on page 13 in the revised manuscript.

5. In the discussion section, page 16, lines 31-33, inability to discern directionality is more related to the cross-sectional design of your study than the small sample size.

Thank you for the addition. We have made the following modification: “We were unable to discern the directionality of the relationship between cognitive impairment and frailty, given the small sample size and cross-sectional design, and this should be explored in a larger study.”

6. Table 1, for gender: it should be "Female, n (%)”.

Thank you. This has been changed accordingly.

Reviewer #2 (Elsa Dent):

1. My question is this: why are results from the staff survey even in your paper? With such few responses, and the lack of knowledge of frailty by the staff completing the survey, what does the survey add to the paper? It appears that the survey told you that staff who had never
measured frailty in patients before said that they still won't measure frailty in patients because it would take too long. The survey really detracts from your study.

Thanks for the comment. We have decided to remove the survey from the paper because we agree, the survey results would be more valid if the clinic staff actually conducted the assessments.

In addition, the paper jumps between discussing the survey and discussing the results from the rest of your study, particularly in your methods and results sections. This makes your paper confusing to read.

We believe that removing the survey has improved the readability of the paper. Thanks for suggesting this.

Moreover, did you gain ethics approval (or an exemption of approval) to conduct your staff survey? You need this approval (or exemption of approval from your local HREC) in order to include the survey result in your paper.

We did submit an amendment to the REB to conduct the survey and it was approved. However, we believe that this question is not an issue any longer as we removed the survey from the paper.

2. Your paper states that on page 10, "no other studies have use a criterion for determining feasibility or included input from clinic staff for conducting frailty assessment". This is not true. Not true at all. There are many, many studies over more than a decade that have reported the number of patients able to be assessed with frailty measurements.

Thank you for the citation suggestions. We have modified the section of the paper that the Reviewer is referring to and as such, we don’t believe that there is a need to add these additional citations. One of the comments made by one of the reviewers in the first round of review was that we had too many citations. We did not want to add additional citations if they weren’t absolutely necessary.

3. Your study does not assess feasibility in a real life setting; an external person measured frailty, rather than the clinical staff working in the outpatient clinic. Therefore, it is questionable what your paper adds to the literature. I appreciate that you have added this into the limitations section of your paper, however, there needs to be a reason for your study: will it change clinical practice? The answer was "no" according to your staff survey…. You really need to hone in on reasons why you did your study.
We have removed the survey results from the paper and have focused on the objectively assessed criteria for feasibility, prevalence of frailty and agreement between methods. Thank you for all of your comments on our manuscript.

MINOR COMMENTS

1. (page 2, lines 25-27). Your abstract states that a "criterion for feasibility was ≥ 90% of patients agreeing to attempt assessment". This sentence is not grammatically correct, and in fact, reads as though the ≥ 90% of patients were assessing themselves for frailty. Please therefore rephrase this sentence so that it is clear that the patients are being assessed not attempting assessment.

   Thank you for the suggested change. We have made adjustments in the Abstract and Methods section of the paper.

2. Page 4, line 33: you state that patients with frailty and multiple co-morbidities are often seen by geriatricians…in outpatient clinics. This statement is not necessarily true. Many older adults with frailty and multiple co-morbidities are often not engaged in the health care system, and many countries have a major shortage of geriatricians. Therefore, change "are often" to "can be" or similar.

   Thank you for the suggested change. We have made the modification on page 4.

3. Change the word "discriminate" to an alternative word here. The word "discriminate" in this sentence can be easily taken to mean that you are discriminating against older adults with frailty.

   We have changed the word discriminate to classify on page 4.

4. Page 5, line 15. I'd take out the bit about using CGAs for screening patients for clinical trials, particularly as you have not referenced this sentence.

   We have revised the sentence to read: “It may be advantageous for out-patient clinic staff to easily and quickly assess frailty for the purposes of diagnosing frailty, screening patients for clinical trials and quantifying the impact of interventions on frailty status”. We have added in a citation for a consensus report which supports the ideas mentioned in the sentence [1].
5. A reference is needed on page 5, line 17 for the statement that frailty is not synonymous with aging.

Thank you for the suggestion. We have decided to remove the sentence as it is not necessary for our paper.

6. Page 5: the last sentence of the first paragraph (lines 17-18). This sentence is repeated information from two sentences earlier.

Thank you. This sentence has been removed.

7. You have one secondary aim of your study, rather than "aims", therefore page 6, line 15 needs adjusting.

This has been changed. Thank you.

8. Page 7, line 35: you state the 11 members of staff received the survey. This statement is deceiving, given that at the end of the discussion you state that 7 staff members completed the survey. Therefore, please take out this statement from the methods section (it belongs in the results section anyhow).

We have decided to remove the survey from the paper, therefore this line has been removed.

9. Page 9, lines 16-21. "fall" is perhaps not the best choice of word here; patients can have a high risk of falling when performing tasks from the two frailty criteria you used in your study.

Thank you. We have replaced the word “fall” with the word “score”.

10. On page 12, lines 18-20, you state that patients feared that the assessments would increase the amount of time a clinical visit would take. How many patients did you exclude for this reason?

We have added this data to the text on page 9, although it also appears in Table 2.
11. Discussion: In the first sentence of your discussion section, you give frailty as a range. However, you only used two frailty measurements (not 3), therefore a "range" is not a statistically appropriate word to use here (unless you had 3 frailty measurements). Therefore, simply state the prevalence of frailty assessed by both measurement tools.

Thank you. The sentence has been modified.

“In this cohort of older adults at a geriatric out-patient clinic, the prevalence of frailty was 35% according to Fried’s phenotype method, and 50% according to the SPPB.”

12. You state that your frailty prevalence is high. However, you have not compared this prevalence rate to that of any other studies in the literature. Please look up other studies that have investigated frailty prevalence in out-patient clinics and see if your prevalence is higher, and then give reasons as to why your frailty prevalence was higher.

We have revised the sentence to read: “This study showed that most patients attending the out-patient clinic were frail or pre-frail.” In the Discussion section, we discussed the prevalence of frailty reported in other similar populations. For example, we compare our findings to those of Tavassoli and colleagues and Kim and colleagues:

“Similar to our findings, Tavassoli and colleagues found that 39% and 54% of older patients attending a geriatric clinic were pre-frail or frail, respectively, according to Fried’s phenotype method [2]. In addition, 75% of the participants had an SPPB score of ≤ nine [2]. Kim and colleagues found that among older men attending a geriatric out-patient clinic, 34% were considered to be frail and 50% were considered to be pre-frail according to Fried’s phenotype method [3].”

References

