Measuring Frailty in Clinical Practice: a Comparison of physical frailty assessment methods in a geriatric out-patient clinic

Even though this study has improved since the last version (for instance, your description of Fried's frailty criteria is now very clear), there are still several major issues in the paper that need to be addressed.

MAJOR COMMENTS

1. This study looks at feasibility of frailty measurement in a geriatric out-patient clinic. It assesses one aspect of feasibility by determining whether 90% or more of patients "agreed to attempt assessment", and then assesses another five aspects of feasibility (barriers to implementation, attitudes to use, intention to use, and fit with organisational culture) by surveying 7 nursing staff members. This survey revealed that these staff are considering to measure frailty in patients in the future, although probably not as they deem that it will take too long to use. The nursing staff surveyed had not ever performed frailty assessment on patients in the clinical setting before.

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.

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. 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. Currently, your paper only shows approval for patients having their frailty status assessed.
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.

Here are a couple of recent systematic reviews on the feasibility of frailty measurements:

Validity, Reliability and Feasibility of Tools to Identify Frail Older Patients in Inpatient Hospital Care: A Systematic Review.

Warnier RM1, van Rossum E, van Velthuijsen E, Mulder WJ, Schols JM, Kempen GI.

Frailty identification in the emergency department-a systematic review focussing on feasibility.

Elliott A1, Hull L2, Conroy SP3.

Here are a few more studies from the last two years:

Feasibility and construct validity of a Frailty index for patients with chronic kidney disease.

Hubbard RE1, Peel NM1, Smith M2,3, Dawson B3, Lambat Z3, Bak M3, Best J4, Johnson DW4.

The Korean version of the FRAIL scale: clinical feasibility and validity of assessing the frailty status of Korean elderly.

Jung HW1,2, Yoo HJ1, Park SY1, Kim SW1,2, Choi JY1, Yoon SJ1, Kim CH1,2, Kim KI1,2.

Feasibility and Factor Structure of the FRAIL Scale in Older Adults.

Aprahamian I1, Lin SM2, Suemoto CK2, Apolinario D2, Oiring de Castro Cezar N3, Elmadjian SM2, Filho WJ2, Yassuda MS4.

Screening for Frailty in Hospitalized Older Adults: Reliability and Feasibility of the Maastricht Frailty Screening Tool for Hospitalized Patients (MFST-HP).

Warnier RM, van Rossum E, van Leendert JA, Pijls NA, Mulder WJ, Schols JM, Kempen GI.

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.

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.

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.

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.

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.

5. A reference is needed on page 5, line 17 for the statement that frailty is not synonymous with aging.

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

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

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).

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.
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?

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.

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.

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

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