Author’s response to reviews

Title: Informal Carers' Perspectives on the Delivery of Acute Hospital Care for Patients with Dementia: A Systematic Review

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Author’s response to reviews:

Reviewer 1

1. In the background, could you give some figures on the prevalence of patients with dementia in the acute hospital. See the work of Liz Sampson, which estimates 40% of older patients have dementia in the acute hospital. Also you could reference Who Cares Wins (RCPsych, 2005).

   Thank you for your thoughtful review of our manuscript. We have considered the references you suggested and included them in the revised paragraph starting on page 3 line 55.

2. Could you also include a comment on who these informal carers are ie a wide range of relations including spouses, sons/daughters, brothers/sisters, god children, etc.

   We have added this suggestion to the sentence on page 3 line 67: A large proportion of this care is provided by informal carers, usually family members (including spouses, children, siblings)[1, 2].
3. Was your systematic review protocol registered on PROSPERO, if not could this be mentioned as a weakness.

We did not register our systematic review with PROSPERO.

We do not consider that this compromises the methodological robustness or our review and we have included a completed PRISMA checklist with our submission to support this. We have added a sentence on page 15, line 348.

4. Could you mention in the section on narrative thematic synthesis p5-6 who did the coding, and what their expertise is.

We have explained further how we used the analysis method and who conducted it.

5. Page 16 line 376 to 380. Could you rephrase this sentence, it is very long and difficult to follow.

We have redrafted this sentence and hope that the clarity has been improved.

6. Implications of research findings - the carers are likely to be consultees in the care of a patient with dementia who lack capacity, and therefore will have input to the decision making even when there isn’t power of attorney. Can you make this clear (line 390-393). Could you also discuss the Carers Act in this section and the responsibilities the healthcare professionals have to identify carer needs?

We have expanded the section on the implications of the research findings (page 18) to include these important considerations and references.
Reviewer 2:

1. First the type of review needs to be explained and referenced. This paper would not meet the definition of a systematic review as provided by the Cochrane Consumer Network for example (see http://consumers.cochrane.org/what-systematic-review).

   We are working to the definition of a systematic review as outlined in the PRISMA statement: “A systematic review is a review of a clearly formulated question that uses systematic and explicit methods to identify, select, and critically appraise relevant research, and to collect and analyze data from the studies that are included in the review.” This reference has been added (page 4, line 95).

   Our research follows a clear structure with explicit and transparent methods following a standard set of stages, making it replicable and updateable.

2. Second, date inclusion criteria need to be provided, and the related rationale, or it needs to be stated that there were no exclusions by date.

   There were no exclusions by date, this information has been added (page 5, line 112).

3. Third the quality rating method needs to be further explained and justified. In particular, the use of a qualitative research evaluation tool to determine the quality of quantitative and/or mixed methods research appears (at least without this further explanation) to be inappropriate.

   To the best of our knowledge, we are not aware of a quality rating framework designed to assess both quantitative and qualitative studies. Shaw et al. discuss the challenges of conducting systematic reviews of qualitative and quantitative research. In the absence of an existing framework, we have adapted an established framework. We have expanded our description in the manuscript, explaining the adaption of the CASP checklist to apply to quantitative and mixed methods studies too, as appropriate for our research question (page 6, line 127 onwards).
Similarly, the use of thematic synthesis requires further explanation within this context. The authors state that findings from an RCT significantly influence findings of the review. Therefore, these are particularly critical issues.

The choice and use of thematic synthesis has been further explained, and why it is suitable to this context (page 6, section starting line 126). The influence of the single RCT has been further described as a limitation in the discussion section, page 16 line 364.

4. Fourth, the criteria used to grade papers as of high, moderate, or low quality - and how contributions to the synthesis of individual studies were determined to be small, medium, or large - also need to be explained.

This has been done

5. Finally, when strengths and weaknesses of the review are outlined, the generalisability of findings of included studies is addressed but not the transferability, which would have been more appropriate for the qualitative work.

Thank you for this suggestion. We have changed the description to ‘transferability’, as we recognise that it can apply to most types of research and therefore covers both the quantitative and qualitative aspects of this synthesis (page 16, line 360).

Declarations
- Ethics approval and consent to participate
- Consent to publish
- Availability of data and materials
- Competing interests
- Funding
- Authors' Contributions
- Acknowledgements