Reviewer’s report

Title: Experiences of fear of falling in persons with Parkinson's disease - a qualitative study

Version: 0 Date: 13 Sep 2017

Reviewer: Colleen Canning

Reviewer’s report:

This is a clearly written report of a qualitative study, providing new insights into the experience of fear of falling in people with PD.

The aim of study is "to explore the experiences of FOF in persons with PD who have reported FOF", in order to inform the development of appropriate interventions. However, the authors make the assumption in the introduction (para 2) that FOF is maladaptive and developing effective methods to reduce FOF is (always) the desired outcome. This does not account for the possibility that the fear of falling reported by a participant may be appropriate, given his/her physical and cognitive capabilities, and that the adaptive and avoidance behaviours employed could be optimal for that person. Another possibility is that an individual's fear of falling may be less than optimal, resulting in risk taking behaviour. I suggest the introduction and discussion of the manuscript be revised to take these possibilities into account.

The method of data collection (semi-structured individual interviews in participants' homes) is justified and seems appropriate, although the methodological approach is not clearly stated or justified? Please amend.

Recruitment of participants: it is not clear how the additional six potential participants were identified for possible inclusion (page 5, line 10). The recruitment procedures suggest that the researchers were sure that data collection would reach saturation with the 12 identified participants. It is not clear why the 5 non-participants were not put on a waiting list until data saturation was known to have occurred, eg, this would have allowed the authors to potentially recruit some participants who reported severe PD.

Participants: please include number of falls each participant reported in the past 6 months, if this information is available, ie, were multiple and frequent fallers included in the sample? This may influence interpretation of results.

Data analysis is clearly described. This section could be improved by including the researchers reflections upon their own role and how this may influence data selection and analysis.

Results:

Do the authors have any further indicators of risk of falling (other than history of falls and use of mobility aid), in particular, presence or absence of freezing of gait would be an important consideration?
Table 1 - include answers to further questions: dyskinesia, fluctuations, difficulty in ADL

Many statements summarizing the results appear to reflect the authors view that FOF is always maladaptive, eg. Page 10, line 56 "FOF made a variety of activities and environments seem hazardous and frightening". It is possible that the activities and environments described are appropriately perceived as hazardous and frightening for some individuals with PD and FOF.

The link between FOF and risk of falls (including history of falls) needs to be further considered. For example, page 12, line 8 "their FOF restricted them from fully participating". While there is discussion of what factors underlie FOF it is not linked to the possibilities of inappropriate and appropriate adaptation.

Discussion

Clinical implications associated with attention to stairs (especially going down stairs); teaching people with PD (with FOF) and their care partners how to get up from the floor; and teaching appropriate use of walking devices are supported by the findings.

Para 1, page 18: the authors conclude that the "results of the present study does not include any indicies that FOR implied positive effects, such as decreased fall frequency, but the experiences of FOF were solely described in negative terms. Please reconsider this conclusion. The word itself "fear of falling" implies negativity. This, combined with the methodology of interviewers leading participants back to the subject of FOF when they diverted to talk about their fall experiences (page 6, line 28), may, in part, explain the negativity of the findings.

Para 2, page 18: consider including discussion of the findings of O'Brien et al (2016) who did not report FOF as a barrier to exercise in a group of people with PD. Also, please note limitation that not all people with PD report FOF and so conclusions should be limited to the group investigated in this study.

Given the experience of FOF in people with PD is influenced by their own experience of falling and that of others, it seems that people with PD and FOF would benefit from as assessment of their actual fall risk in order to identify whether their FOF is consistent with their risk of falling. See Paul et al (2013) as an example of a fall risk prediction tool.

Page 20, para 3: The suggestion that people with PD and FOF might not think about FOF or conquer the fear applies only to a subset of people with PD and FOF, ie, those where the FOF is in excess of their actual risk of falling. This approach may result in increased falls for those whose FOF is consistent with their abilities and the environment. Please amend to consider this implication.

Page 21, para 2: The authors acknowledge that FOF is a complex phenomenon, but have kept it quite separate from "effort to avoid falls and effects of falls". My view is that this is an oversimplification, and potentially reduces the meaning of the data.
Editorial

For clarity of reading, I would prefer 'fear of falling’ to be written in full, rather than the abbreviation FOF (which is easily confused with FoG, a more common abbreviation for freezing of gait).

References


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

Yes

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

Yes

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

Yes

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.

Not relevant to this manuscript

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