Author’s response to reviews

Title: Change in quality of life and potentially associated factors in patients receiving home-based primary care: A prospective cohort study

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Responses to Reviewer 1’s Comments

Thank you for the recognition of our ideas and efforts. In accordance with your comments, we have revised the manuscript (marked in green) based on the following responses, and minor edits were made to the original text to incorporate the changes.

# Comment 3:

The inclusion of information about missing data is a big improvement. However, I have some concerns about the high % of missing data for QOL, especially given that QOL is the central focus of the paper. The authors have reported a missing proportion of 28% and 19% respectively for the self-perceived and family QOL data. This seems very high (generally an acceptable range is 5-10%). Can the authors provide a reference from the literature justifying their decision for proceeding despite this high proportion?
Thank you for your suggestion. According to Gustavson, von Soest, Karevold, and Roysamb (2012), a high attrition rate (56%) in a 15-year cohort study may not give biased estimates of associations between independent variables and health outcomes (Gustavson, von Soest, Karevold, & Roysamb, 2012). We have added this reference in the section of Discussion (Page 15, Paragraph 3).


The authors state in their response and in the paper that participants were included if they provided signed informed consent. However, what I am trying to establish is how many patients were invited to participate out of all the patients receiving home-based medical care through the 7 medical facilities. Surely this was more than 184 patients, and surely not all of those invited agreed to participate (if so, that is a good result and more information should be provided about how they were invited to inform other studies). Could the authors please provide additional information in the Methods section about the invitation process, total number approached and % agreeing to give signed informed consent?

Initially 203 patients were recruited through home visits, and a total of 184 of them (90.6%) agreed to give informed consents. We have added relevant information in the section of Study population of Methods (Page 6, Paragraph 2).

I believe that the fact that demographics were collected only at baseline while the QOL was collected longitudinally is also relevant to the discussion as well as the methods. In your discussion you suggest that divorce may protect against decline in self-perceived QOL & therefore that married (note: typo, should be changed to 'marital') status might not be essential in late-life QOL. However, you don't know this for sure as your participants may have remarried.
after baseline. This needs to be acknowledged somewhere as a limitation in your interpretation of these results.

# Response 4:

Thank you for reminding. We have added this limitation in the section of Discussion (Page 16, Paragraph 1).