Author’s response to reviews

Title: Developing an Intervention for Fall-Related Injuries in Dementia (DIFRID): an integrated, mixed-methods approach

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Ellen Freiberger (Reviewer 1): The authors have addressed nearly all the comments made by the reviewer appropriately. Nevertheless, one issue needs to be addressed:

Under 26 The reviewer wonders why international recommendation for fall prevention are not cited here (e.g. Sherrington et al., 2016 or Gillespie et al., 2012), as these international recommendation are setting the frame in other health care systems, and should be acknowledged.
Gillespie et al 2012 is referenced in the introduction. We have not referenced these recommendations in the discussion because the intervention is not solely a falls prevention intervention. We feel that to add this would add to the confusion surrounding the focus of the intervention.

The authors stated under point 25 that their first outcome are falls.

This does not fit together. Again, the reviewer would caution the authors to implement a short fall intervention as many research has already demonstrated failed success.

If the authors a taking falls as a primary outcome their intervention should follow international recommendation regarding this point.

Response:

This seems to be a concern that the 12 week duration of the intervention is too short. As stated in the paper, the 12 week duration was restricted by the funding envelope for the study. The papers cited by this reviewer (Sherrington et al 2016, Gillespie et al 2012) do not specifically mention how long the intervention should be, but there is a more recent Cochrane review[1] which notes that “the duration of most of the exercise programmes was 12 weeks or over and nearly one-third lasted a year or more.” Our 12 week duration is therefore at the lower end of the range (but is within this range) and we have therefore added a paragraph highlighting this in the discussion. We would also like to highlight that this Cochrane review did exclude people with dementia. In our development work for this intervention we found that most people with dementia had no more than 2 visits by a physiotherapist and so a 12 week intervention is substantially more than current usual care. In addition most exercise programmes in the published literature are not as intensive as ours with up to 22 visits over the 12 week period.

Susanne Saal (Reviewer 2): Thank you very much for the revisions. All my comments are well addressed and the manuscript improved in transparency and conciseness.

Response:

Thank you for your comments and we agree that the paper is now improved.