Author’s response to reviews

Title: Impact of Drug Burden Index on adverse health outcomes in Irish community-dwelling older people: a cohort study

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Author’s response to reviews:

Dear Editor,

Thank you for the opportunity to revise and resubmit our research article “Impact of Drug Burden Index on adverse health outcomes in Irish community-dwelling older people: a cohort study” to BMC Geriatrics. A response to each editorial/reviewer point raised is provided below.

1. We noticed that in your response to the reviewers you stated that you no longer have access to the data, so we ask that you please clarify whether this is due to an access agreement or for another reason. Similarly, in the Ethics approval section of the Declarations, please include a statement indicating whether permission was required to access the data and if so, include the name of the entity that granted permission to access.

Access to TILDA data is subject to approval by TILDA management committee, who grant access for a 6-month period. After this period, another application for an extension to access the data must be made and approved by the management committee. This process can take up to 8 weeks or more.

In the Ethics approval and consent to participate section of the Declarations (page 9) we have amended the statement to indicate that permission was required to access the data with the name of the entity that granted the permission, as follows:

“Permission to access TILDA data was granted by the Faculty of Health Sciences Ethics Committee, Trinity College Dublin, which included secondary analysis of collected data and
provision for linkage to participants’ GMS dispensing information. Permission to access the
HSE-PCRS data for the purposes of this research was granted by the HSE-PCRS.”

2. Please reformat the Methods section of the Abstract so that it does not contain any
subheadings.

We have reformatted the Methods section of the Abstract (page 2), as follows:

“This was a cohort study using data from The Irish Longitudinal Study on Ageing (TILDA) with
linked pharmacy claims data. Individuals aged ≥65 years participating in TILDA and enrolled in
the General Medical Services scheme were eligible for inclusion. DBI score was determined by
applying the DBI tool to participants’ medication dispensing data in the year prior to outcome
assessment. DBI score was recoded into a categorical variable [none (0), low (>0 and <1), and
high (≥1)]. Outcome measures included any Activities of Daily Living (ADL) impairment, any
Instrumental Activities of Daily Living (IADL) impairment, any self-reported fall in the previous
12 months, any frailty criterion met (Fried Phenotype measure), quality of life (QoL) score
(CASP-19 [Control Autonomy Self-realisation Pleasure] measure), and healthcare utilisation
(any hospital admission and any emergency department (ED) visit) in the previous 12 months.
Statistical analyses included multivariate logistic and linear regression models controlling for
potential confounders.”

3. At this stage, please upload your manuscript as a single, final, clean version that does not
contain any tracked changes, comments, highlights, strikethroughs or text in different colors. All
relevant tables/figures/additional files should also be clean versions. Figures (and additional
files) should remain uploaded as separate files.

We have uploaded the files as requested.

Yours faithfully,

Dr Catherine Byrne