Author’s response to reviews

Title: Exploring the usefulness of indicators for referring people with dementia and their informal caregivers to activating interventions: a qualitative analysis of needs assessments

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Version: 1 Date: 09 Jun 2019

Author’s response to reviews:

Response to the editor and reviewers,

Dear Mr. Shuai Chen, Ph.D., BMC Geriatrics,

We thank you and the reviewers for the efforts and positive contributions that enabled us to enhance the clarity of our manuscript. In general, we noticed some potential confusion regarding the terms ‘informal caregiver’ and ‘professional caregiver’. Therefore, we consequently use the term ‘informal caregiver’ instead of caregiver in the revised manuscript and highlighted these changes in yellow.

We reply in this letter to the comments of the reviewers. All subsequent adaptations in the manuscript are also highlighted in yellow.

We hope the adaptations will meet the reviewers’ expectations, and will enable the publication of our manuscript in BMC Geriatrics.

Sincerely,

on behalf of the co-authors
Comments of the reviewer:

Qianhao Li, M.S. (Reviewer 1):
1. Would the results of the indicators be affected by the time caregivers spend together with PWDs? The longer they stay together, the better answers they have for the indicators?

Answer:
Whether the time the person with dementia and the caregiver might have an impact on the way they answer the questions of the professional, is hard to say. Persons with dementia and their informal caregivers may both provide information about their own activity needs and preferences. To explore these needs and preferences, the professional caregiver can use probing questions based on the indicators. To elicit the information that is relevant, the professional, most importantly, must have good interview techniques. Therefore, we emphasized the training of professional caregivers in client-centered interview skills. These skills were of greater influence than spending time together for example.

Implications for practice, p.12
… Our study indicates that explicit training in interview techniques is necessary for professionals in dementia care.

Zhuoran Yin (Reviewer 2):
1. The authors may provide more background information about these caregivers, e.g., their education level, the relation between the PWD and CG, how many years they become the dyad.

Answer:
We added information about the dyads in table 2, about the relationship between the persons with dementia and their informal caregivers, and in the text. We don’t have information on the length of their relationship.
Table 2. Characteristics of the study population

<table>
<thead>
<tr>
<th></th>
<th>Persons with dementia</th>
<th>Informal Caregivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean age (range)</td>
<td>81 years (68–89)</td>
<td>76 years (48–84)</td>
</tr>
<tr>
<td>Men/Women</td>
<td>14 Men/6Women</td>
<td>5 Men/15 Women</td>
</tr>
<tr>
<td>MMSE Mean (range)</td>
<td>21.5 (10–29)</td>
<td></td>
</tr>
<tr>
<td>Dyad- relation</td>
<td>19 spouses</td>
<td>1 mother-daughter</td>
</tr>
</tbody>
</table>

MMSE: Mini Mental State Examination

There was an even distribution in education level, employment history and income in the study population.

We added information about the level of education of the case managers too.

Methods, p. 6, line 59:
…. The level of education of the dementia case managers was comparable to higher professional education, completed with clinical experience (1-25 years).

2. It is still not very clear to me what are the best indicators after I read the manuscript. The authors may clarify it or indicate the best ones in the appendix I.

Answer:
In a former study we explored the recognizability of the indicators with a panel of experts in dementia care (25. Van't Leven N, Van der Ploeg E, de Lange J, Pot AM. Indicators to estimate the appropriateness of activating interventions for people living with dementia and for their informal caregivers. Aging Ment Health. 2017:1-8.).

In the current study, we found supporting information from practice for most indicators. For the indicators that are very well recognizable, more supporting information was available from the needs’ assessments than for the indicators that were fairly well recognizable.

We marked the indicators in the Appendix I with **, that were very well recognizable, and
recommended by the panelists, and with * for fairly well recognizable.

Appendix I, p. 18-21 has been adapted in this way. An example of the adaptation is given below.

Appendix 1. Indicators in needs assessment

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Present in NA (N=20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Need for activities</td>
<td></td>
</tr>
<tr>
<td>1** The PWD has a need for a meaningful occupational routine.</td>
<td></td>
</tr>
<tr>
<td>People said that they particularly missed some activities and wanted to continue them. Others needed something to do without mentioning anything specific, but wanted a more satisfying way to spend their time.</td>
<td></td>
</tr>
<tr>
<td>PWD: ‘I sit here so often with idle hands, and that’s just not my nature.’</td>
<td></td>
</tr>
<tr>
<td>2* The CG has a need for advice how to cope with the behavior of the PWD.</td>
<td></td>
</tr>
<tr>
<td>Some CGs asked openly for advice. The need for advice was also implicit in statements about expecting too much of the PWDs, asking them to do things they could not do, or blaming them for falling short.</td>
<td></td>
</tr>
<tr>
<td>CG: ‘You [PWD] tell me that you liked your meal at the day-care centre. So why can’t you remember what it was?’</td>
<td></td>
</tr>
<tr>
<td>CM: ‘She [PWD] is inactive and avoids activities. It’s hard for her husband (CG), but he does not know how to activate her.’</td>
<td></td>
</tr>
</tbody>
</table>

…… Etc.

PWD: person with dementia; CG: caregiver; CM: case manager; NA: needs assessment

** very well recognizable in the majority of clients, and recommended by expert panel (25)

* fairly well recognizable in the majority of clients, and recommended by expert panel (25)