Reviewer’s report

Title: Decision-making for receiving paid home care for dementia in the time of COVID-19: A qualitative study

Version: 0 Date: 05 Aug 2020

Reviewer: Kasey R. Boehmer

Reviewer's report:

Thank you for the opportunity to review this interesting manuscript in the unusual time that we are facing. I very much enjoyed the overall premise and results of the manuscript, and congratulate the authors in pulling off a qualitative study, often time-consuming, in a rapid timeframe. There are, however, some revisions that definitely need attention prior to publication. Overall, this is primarily a need for more detail in each section, with particular attention to the qualitative methods used. Detailed comments to be addressed are listed below.

Background
Page 1 - PLWD is not defined in the main body of the manuscript prior to its use throughout.
Page 1 - virus is first referred to as corona virus and then COVID-19. COVID-19 would be preferable due to other coronavirus strands in existence.
Page 1 - sometimes the authors refer to "paid home care" and other times "domiciliary care." Choice should be consistent throughout - personal preference for paid home care.
General - some may perceive this as useful only in the short term. Perhaps helpful to provide a paragraph on the state of the pandemic and likelihood of longer-term issues during the pandemic and resulting from afterward. Additionally, perhaps worth noting how this is likely to help in inform other situations of public health shut downs (new pandemics, natural disasters, etc).

Methods
Participants and recruitment - can you give a bit more context about the national support services that were tapped into in order to directly recruit from them? Given that readership is international and the US does not have these types of networks, more detail would be helpful to determine transferability of the findings.
Data collection - what time period were data collected (e.g. April 1 - May 1, 2020). We all know things evolve in 24 hours in this situation, so some contextualization of time period of quarantine is useful. Also including info about what measures were currently in place in the places participants were at that time could be useful.
Qualitative analysis - this section needs more detail.
1) What were the exact procedures of inductive and deductive coding? For the inductive coding, was a line-by-line approach used?
2) How was coding calibrated amongst such a large group of team members?
3) What codes were deductively used and what were they informed by?
4) How did the group determine if saturation was reached? Did recruitment proceed until saturation was achieved or was it stopped at 15 for convenience? 15 is a fairly small sample for a thematic analysis (would expect normally 20-30 participants to normally reach saturation), so I think this needs to be addressed as to whether it was reached or recruitment stopped for convenience and pragmatism in the case of the pandemic.
Results
Theme 2, cancelling care, quote 2: I don't fully understand what the participant is saying here. Is it possible to add length to or bracketing to the quote so the reader can better understand?
Theme 3: practical implications and loss - 1) not sure why loss is included in this theme name. 2) It would be helpful to provide some context around the grocery shopping issue as this sounds quite different than the US situation (where if you could pay the fees and deal with some delays early on, you could get all the groceries you wanted delivered without any sort of letters). 3) Most practical details seem related to shops/shopping; were there other practicalities mentioned in the data?
Quantitative results: While I see that this is statistically significant increase, is it really clinically meaningful? The difference is only about an hour increase in the mean informal care hours (also it should be noted if this is per week or some other unit of time). It seems quite interesting to me that the felt burden is more noticeable and heavy than the actual change in time spent on it. This is important to point out as it may mean there are other factors at play here (e.g. carers mental health, work stressors, unemployment, etc) that were contextually important in the pandemic. We also see this in treatment burden research - even outside the pandemic - where people with the same amount of hours of treatment work or number of conditions evaluate the burden differently.
Overall - interesting that all but 1 participant was female. It would be helpful to mention in discussion whether this is representative of the normal population of unpaid carers by providing population estimates of gender distribution of unpaid carers. If it is a greater proportion in your sample compared to the normal population estimates, I think the authors should note that and also provide any information of why this may be the case (e.g. is it that the increased work unexpectedly fell to the female vs male carers, the females already were more homebased, females were more likely to respond to your convenience recruitment strategy, etc.)

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Is the study design appropriate to answer the research question (including the use of appropriate controls), and are the conclusions supported by the evidence presented?

Yes

Are the methods sufficiently described to allow the study to be repeated?

No

Is the use of statistics and treatment of uncertainties appropriate?

Yes
Is the presentation of the work clear?

Yes

Are the images in this manuscript (including electrophoretic gels and blots) free from apparent manipulation?

Yes