Reviewer’s report

Title: Functional Independence Measure score is associated with mortality in critically ill elderly patients admitted to an intermediate care unit.

Version: 0 Date: 08 Mar 2020

Reviewer: Jesper Fjølner

Reviewer's report:

Dear BMC Geriatrics,

Thank you for allowing me to comment on this paper. The paper demonstrates the relation of the FIM score with one-year mortality. Overall I find the paper well-written and worthy of publication. I have a handful of minor comments and questions.

Main text:

Background, line 50: You are referencing the paper that describes the conduction of the trial. Perhaps you should reference Guidet et al (the actual trial? this is reference 25). Also reference 11 seems to be wrongly formatted.

Methods, line 53: If I understand correctly the FIM-score was not available in the patient records but was calculated/assessed retrospectively from information in the records.

Methods->Study design->line 55: "FIM scores were calculated until seven days before or the day of admission in the IMCU. Length". Could you explain further please. Was FIM assessed up until 7 days before admission OR on the day of admission?

In figure 1: 345 patients had FIM completed of 975 patients. What are the reasons for missing FIM-data in the majority of admitted patients?

Could there be a systematic causes such as the most healthy or sickest patients did not have an FIM score?

What selection if any has been made when the majority of patients did not have a FIM score? As the paper extrapolates the conclusion to all admissions this seems important.

Statistics, univariate analysis: you're analyzing FIM score as a continuous variable. It think it could be consideren ordinal, but evaluation as continuous seems reasonable.

Are the data normally distributed allowing you to use a t-test?
DNACPR and DFLSTs are common in the IMCU as you say. It would have been interesting with some data on this as they may also predict mortality and be self-fulfilling prophecies.

Discussion:
Line 37: "statuses is key to discussion about" –> a discussion or the discussion.
Line 39: Perhaps "prognostic" instead of prognosis.

Elective admissions fare much better than acute. You indicate (in the discussion) that the number of elective patients was low. These patients seem to fare better and skew the results. Data on this would have been welcome.

Line 53: You mention that most patients had limitation of care instituted. If this can be quantified it should perhaps be in the result section. It would be interesting data in this cohort and would strengthen the interpretation of the results.

Conclusion: line 18: period missing in the end.

Tables and graphs are duplicated under the reference list.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Unable to assess

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

Quality of written English
Please indicate the quality of language in the manuscript:
Acceptable

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