Author’s response to reviews

Title: Impact of urine and mixed incontinence on long-term care preference: A vignette-survey study of community-dwelling older adults

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Author’s response to reviews:

Manuscript: Impact of urine and mixed incontinence on long-term care preferences. A vignette survey study of community dwelling older adults

Dear Editor,

Please find enclosed our responses to the reviewer.

We would like to thank the reviewers for careful and thorough reading of this manuscript and for the thoughtful comments and constructive suggestions, which help to improve the quality of this manuscript.

Reviewer reports:

Adrian Wagg (Reviewer 1):

This study aimed to investigate older persons' attitudes of the impact of UI & FI on preferences for institutional care using case vignettes

Introduction
The authors note rightly that UI & FI have been identified as factors in precipitating the institutionalisation of older people, but these data are conflicting - the study of Holroyd-leduc, found no such association when other functional impairments and comorbid conditions were controlled for - the authors might like to note the current inconsistency.

We added this comment in line 104
This section is otherwise well written and sets the context well. The research question is clear.

Methods
The first paragraph contains some sample results as well as method - usually the numbers would be reported as results
I note that no mention was made of FI in the self report
This study used a questionnaire from the Lausanne cohort 65+ and no question on FI was made when creating the questionnaire. This limitation is mentioned in discussion (line 355)

I am not expert enough to make detailed comment on the analyses.

Results
Clearly written. The sample appears quite robust and relatively able. The tables are clear and the figure most helpful in judging the magnitude of change between decisions on placement according to vignette
Theres a minor typo in this section

Discussion
The authors should probably say something about limitations of their method in terms of abstract decisions. The differences between the opinions of those without incontinence, and those with incontinence are worthy of discussion - suggesting that normalization, living with the condition and managing it ceases to become relevant as opposed to conjectural future incontinence
Thank you for your important comment. We added a sentence in limitation section (line 355-357) and have discussed the surprising absence of difference between participants with and without incontinence in line 303. The text has been revised as suggested in line 304-306.

The discussion is otherwise pertinent and opens up avenues for further investigation - particularly around choices with regard to supportive housing
The strengths and limitations are acknowledged - there may also be a limitation given the difference between the gathering of the data and its analysis

Reviewer 2 (Reviewer 2): PEER REVIEWER ASSESSMENTS:

OBJECTIVE - Full research articles: is there a clear objective that addresses a testable research question(s) (brief or other article types: is there a clear objective)?
Yes - there is a clear objective

DESIGN - Is the current approach (including controls and analysis protocols) appropriate for the objective?
Yes - the approach is appropriate

EXECUTION - Are the experiments and analyses performed with technical rigor to allow confidence in the results?
Yes - experiments and analyses were performed appropriately

STATISTICS - Is the use of statistics in the manuscript appropriate?
Yes - appropriate statistical analyses have been used in the study

INTERPRETATION - Is the current interpretation/discussion of the results reasonable and not overstated?
Yes - the author's interpretation is reasonable
OVERALL MANUSCRIPT POTENTIAL - Is the current version of this work technically sound? If not, can revisions be made to make the work technically sound?
Probably - with minor revisions

PEER REVIEWER COMMENTS:

GENERAL COMMENTS:
I am very pleased to read your article. From my point of view the quality of this article is outstanding. I am really impressed by your work. Beside I think that this study, is important for the international audience, in order to identify persons with the need/wish for NH in advance.

I think the whole paper is very well organized and written. The background is sound and the methodology as well as the results are clear and precise. The discussion is very well and all limitations addressed.

* In what ways does it not meet best practice?

There are some minor points to address. One thing came in my mind. You are talking in the title and background of UI and FI separately. However in the methods and results it is about UI vs. MI. Thank you for this comment. We changed FI to MI in the title. Regarding the background section, we kept FI because this correspond to the term used in references. However, authors usually employed FI without precision whether or not it was associated with UI, despite the fact that probably in most case FI is associated with UI.
We used MI that corresponds to the combination of UI and FI (MI) to present our results. However, we separated them in the discussion to highlight the fact that the intensity of the disorder presented in the vignette is increased by the addition of FI.

ADDITIONAL REQUESTS/SUGGESTIONS:
Please think about the wording.
In the title you write about UI and FI. However the article is focusing UI in contrast to MI. You did not collect/analyse data of persons with regard to FI alone!
Think about using „continence status“: age 5, line 134; Page 12, line 337; Figure 1.
The suggested correction has been made and we changed FI to MI in the title.

Page, 5 line 110: We hypothesized that: (i) UI and FI as components of needs for help and care both have an impact on the place of LTC considered as most appropriate and (ii) respondents' own characteristics, classified according to Andersen's model, change LTC preferences.
I suggest to make it more precise to rephrase it into:
We hypothesized that: (i) UI and FI as components of needs for help and care both have an impact on the place of LTC considered as most appropriate and (ii) respondents' predisposing, enabling and need factors, classified according to Andersen's model, change LTC preferences.
We have taken into consideration the remark and we modified our hypothesis as suggested

Page 7, line 188: Associations at p≤0.05 level defined model candidates.
Page 8, line 198: The significance alpha level was fixed to 0.05.
As you mention the p-values twice, I suggest to write at the end of the section „Statistics“: The significance alpha level was fixed to 0.05.
We deleted the first mention and just retained the second as suggested.
Could you also please write in the section „Statistics“ about the Pseudo-R, what does it mean and how it can be interpreted.
Interpretation of pseudo R2 is controversial, as mentioned by “https://stats.idre.ucla.edu/other/multpkg/faq/general/faq-what-are-pseudo-r-squareds/2”.
We therefore deleted the mention of pseudo R2 in our table. However, we believe that its low values deserves a comment and therefore we added the sentence “Overall, individuals characteristics do not seem to have a strong influence on citizens’ opinions” in our conclusion. This is also supported by the low number of significant explanatory variable and their low RRR.

I would include Table 1, before the section „Effect of incontinence displayed in the vignette“
We included Table 1, before the section "Effect of incontinence displayed in the vignette"

Page 8, line 212: There was a significant difference in LTC choices depending on incontinence severity displayed in the vignette (Friedman test, p<0.001) (Figure 1). I think this is not shown in figure 1.

We added this sentence in figure 1 legend

„Effect of incontinence displayed in the vignette"
Please order the text results into the same order as in the table, e.g.: The SH option was selected by 26%... There was a significant difference..... Post hoc analysis.
We completed the results section as suggested (line 221-222).

Predisposing factors Home vs SH
Please order the text results into the same order as in the table. See comment above.

Predisposing factors NH vs SH
Please order the text results into the same order as in the table. See comment above.

Enabling Factor Home vs SH
Please order the text results into the same order as in the table. See comment above.
We choose to order the text in this way because of our reference to Andersen’s model and the formulation of our objectives to study the effect of predisposing, enabling and needs factors. We therefore adopt a line to line approach to summarize results presented in table 3 rather than a column approach.

Page 13, line 351: The effect of incontinence, and particularly of FI,… This is again the aspect with is it MI or FI?? Because you did not ask for FI alone.
We agree and changed FI to MI in the sentence (line 363).

Figure 1: Form e the sample size for BADL only (N=?), BADL +UI (N=?) and BADL+MI (N=?) is missing.
We added N for each vignette in figure 1

Table 1: I suggest to delete, when there are dichotomos answers (yes/no) to delete the no line, because it is self-explanatory.
We deleted "no" line in this table as suggested
Table 3: As you set the p-value to 0.05, for me it would be enough, to use only this p-value, and not
differentiate between *p<.05; **p .01 and ***p<.001.
We used this differentiation of p-value to indicate the extent to which the effect of respondents’
characteristics are highly or only marginally significant.