Author’s response to reviews

Title: Loneliness and social isolation interventions for older adults: a scoping review of reviews

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Dear Editor,

Thank you very much for reviewing our manuscript. We also greatly appreciate the reviewers for their valuable comments and suggestions and we believe that these have improved the quality of our paper. We have adhered to the comments suggested and revised the manuscript accordingly. Please find below a point-by-point response to reviewer’s concerns. Changes made in the manuscript are marked using track changes. However, the line numbers and pages that are referenced below are without the track changes. We hope that you find our responses satisfactory and that the manuscript is now acceptable for publication.

Sincerely,

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Editor’s Comments:

1) While the topic area is of interest, a number of the reviewers have questioned your approach and methodology. For example, Reviewer 5 highlights that the way you have assessed the literature is not necessarily "peer-reviewing" but a descriptive or thematic discussion of the literature.

Response: All concerns raised by the reviewers have been addressed. We have taken particular care to clarify our approach and methodology, which was rigorous and adhered to published guidance on the conduct and reporting of scoping reviews, including the methodology framework by Arskey and O’Malley (2005) which was further developed by Levac, et al. (2010). The specific example highlighted by the Editor has been clarified in our response to reviewer 5.

2) Another reviewer is concerned that the terms included in the search strategy are rather limited, which may be of concern regarding the strength of this scoping review. Other reviews in this area certainly use more search terms.

Response: We have described in more detail how the terms used in each database were ‘expanded’, and how ‘subject headings’ were utilised. Hence we believe that all the relevant terms related to loneliness and social isolation have been captured, and our topic area is well indexed by these subject headings. It is true that we combined a limited number of search terms, resulting in a very expansive search and a large number of hits returned.

Reviewer 1

MAJOR:

1) This scoping review aim to assess reviews loneliness and social isolation interventions for older adults. How loneliness and social isolation interventions were conceptualised and undertaken were a more important concept than the outcomes of the reviews (reflected in the abstract results section - the current aim may need adjustment to clarify this).

Response: The stated aim of the review has been changed to more accurately represent this focus and can be seen on line 4, page 5.

2) Abstract. 33 reviews evaluating X interventions. Also include number of interventions in Table 1.

Response: Column titled ‘number of intervention studies and countries delivered where applicable’ can be see in Table 2, additional file 2.

3) Results interpretation could be improved. Eg. systematic was the most commonly obtained type of review, followed by….
Response: The results section has been expanded throughout as suggested by reviewer 1 and other reviewers. Changes can be seen from line 24, page 8. Information about the most commonly obtained type of review can be seen from line 4, page 9.

4) Generally, I would like to see more details in the results. The three categorisations of SI/L discussed in results: how many fell within each category? Any cross-over? How many only focused on aged 50+ or 65+? Where were most of the interventions - I would guess UK, USA? How many specified a type? Format? Mode?

Response: The three categorisations of loneliness and social isolation were discussed as suggested by the reviewer, and details were added of how many reviews fell within each category (seen on line 16, page 9). Information was added to identify where most of the interventions took place (seen on line 6, page 11). Other information added were: the languages that the reviews were published in (seen on line 10, page 9); how many reviews focussed solely on the older population (seen on line 6, page 10); the age range reported in the inclusion criteria of the reviews (seen on line 9, page 10); and the gender distribution of the target population (seen on line 23, page 10). Additionally, more information was added regarding the categorisation of interventions.

5) Date of reviews is a result (currently described at length in the discussion)

Response: The date of the reviews was moved to the results section and can be found on line 25, page 8.

6) "Therefore, studies that included participants with a mean age of more than 45 years were included." This sounds like an afterthought. Is it part of your inclusion criteria? If so move this section and integrate into aims.

Response: This paragraph refers to the age of participants included in the review by Morris et al. (2014), rather than the inclusion criteria of our scoping review.

With reference to our scoping review of reviews, we did not specify an absolute lower limit for age. Rather, we included reviews which identified themselves as focusing on older people, and recorded the age range that they specified. As a result, there was variation in the age range of participants across included papers. We agree that the paragraph above is misleading, and we have amended it (seen on line 8, page 10).

7) "number of people receiving the intervention" does not mean "in group settings or on a one-to-one basis". What I think you mean is "delivery mode", or "group vs one-to-one delivery mode" if you want more detail and think it is different to "mode". "number of people receiving the intervention" means the number of participants in each group. Please alter throughout manuscript.

Response: Thank you. This has been changed according to reviewer’s suggestion and was altered throughout the manuscript. Revisions can be seen on line 26, page 1; line 24, page 17.
8) Limitation = English only. How many of the reviews were also limited to English?

Response: The number of reviews which limited their search to studies published in English has been identified as suggested by the reviewer, and reported in the results section (seen on line 10, page 9). The implications of limiting the scoping review to reviews published in the English language has been considered in the discussion section (seen on line 6, page 19).

MINOR:

1) Intro. Date mentioned for 'Danmark spiser sammen' and Have a Laugh for Loneliness', but not the others

Response: Dates have been added for the other campaigns mentioned in the text (seen from line 15, page 3).

2) Table 1 order of studies reasoning? Potentially change to chronological by publication year? Title or aim (both not needed). Authors not needed. Categories of intervention and explanation could be two separate columns.

Response: The order of the reviews in Table 2 (see Additional file 2) has been changed to chronological order by publication year as suggested by the reviewer. The title of the reviews were deleted from the column. The authors’ name and publication year were merged into a single column. The ‘authors’ categories of intervention(s)’ and the ‘rationale for the categorisation of interventions’ were divided into two separate columns as suggested by the reviewer (Table 2, see Additional file 2).

3) Your three categorisations of SI/L discussed in results would be useful to include in a table format (T1 or a new one). Population characteristics also good in a table format.

Response: Population characteristics and other characteristics of the included reviews have been represented diagrammatically in a series of figures (Figure 2-4).

4) Is the "heterogeneous" descriptor actually an outcome of your study. The summary results para in the discussion sounds like you knew this would be the case ahead of time.

Response: The ‘heterogeneous’ descriptor has been removed from the objectives of the scoping review and replaced with the descriptor ‘large’ (seen on line 22, page 14).

5) AIM "map the range of interventions that have been evaluated..." -&gt; to describe the range of interventions to reduce loneliness and social isolation among older adults that have been evaluated, in terms of intervention conceptualisation and components.

Response: Changed according to the reviewer’s suggestion (seen on line 2, page 5).
6) Intro. Start with 'Campaign to End Loneliness' in the United Kingdom (UK) and mention in chronological order (AU is likely most recent).

Response: Changed according to reviewer’s suggestion (seen from line 15, page 3).

7) Results section separate paragraphs for type, mode etc

Response: Changed according to reviewer’s suggestion (seen from line 12, page 11).

8) their lives and to a certain - &gt; their lives to a certain * however older people (≥ 65 years) are most vulnerable to experiencing loneliness. Needs reference.

Response: Reference was added as suggested by the reviewer, and the text revised (seen on line 19, page 2).

9) table format unreadable. Varying texts and sizes.

Response: The format of the texts in Table 2 was changed to the same font size 11, Calibri (Body) style and only the title of the column was highlighted in bold text (see Table 2 in Additional file 2).

10) I would separate out European countries - otherwise why not state Australasian or Americas?

Response: The countries have been listed independently as suggested by the reviewer (seen from line 6, page 11).

11) "effective in addressing each of these constructs’’ reference holt-launstad.

Response: Holt-Launstad has been referenced (seen on line 17, page 15).

Reviewer 2

MINOR:

1) Please ensure that all sources of information are accurately referenced. For example, the statistic "50% of individuals aged over 60…” in the background section of the abstract needs to be referenced.

Response: Sources of information have been accurately referenced. The statistic mentioned in the background section of the abstract has been referenced in the main body of the text (seen on line 20, page 2).

2) Please include the date on which the search was conducted.
Response: This has now been specified (seen on line 12, page 6).

3) More consistency is required with respect to tenses, use of numbers, and what is included/not included in each section

Response: We have attempted to address this throughout the manuscript.

4) A number of limitations are listed in the scoping review. Consider other limitations beyond whether relevant papers were missed and not included, such as the differences in defining social isolation/loneliness. Please also discuss some strengths of the scoping review.

Response: Strengths and limitations of the scoping review were discussed in more depth as suggested by the reviewer (seen from line 23, page 18).

5) Sentences are often too long and can be split into 2 or multiple. Brackets are used quite often which can disturb the flow of the sentence. Try incorporating what is in the bracket into the sentence instead and splitting it into smaller, multiple sentences.

Response: We have addressed this throughout the manuscript.

6) Appendix could be better formatted if the 3 different searches are separated into different labels e.g. appendix 1.1, 1.2, 1.3; also it may be better as text instead of screenshots as screenshots may require figure titles/legends

Response: The 3 different searches using the CINAHL, Medline and Embase databases are seen in Table 1 (see Additional file 1). This information was presented as text and not screenshots as advised by the reviewer.

MAJOR:

1) More detail and clarity is required to better explain certain concepts and how they will be used in the scoping review. There is mention of how other authors use social isolation/loneliness interchangeably, thus emphasise that these terms will or will not be used interchangeably in this scoping review. More explanation would also be useful for interventions given in the included papers. For example, what does a communication program entail?

Response: We have provided definitions of these terms and described how they are also related (seen on line 5, page 3). We have explained why it is important to include both constructs in the review, but to clearly identify which outcome interventions are aimed at (seen from line 9, page 15).

2) The issues in the current world/literature that are identified need to be further elaborated upon to help readers understand the implications of these issues.
Response: We have addressed this comment as suggested by the reviewer.

3) Need to show a more obvious link to social isolation/loneliness at times. For example, paragraph 7 of the background section needs more flow between itself and the preceding paragraph and a more obvious link to social isolation/loneliness.

Response: We have attempted to improve the flow throughout, and to make links back to the primary focus of the review – loneliness and social isolation.

4) Have authors of included papers been contacted? It would be beneficial to contact the authors (if they haven't already been contacted) regarding the inclusion criteria of their paper so that it can be include in Table 1, as opposed to stating that it was not reported by the author.

Response:

This has been clarified (Table 2, see Additional file 2). Where ‘not reported’ has been recorded in the table, this is because these types of reviews did not have (not would they be expected to have) an inclusion criteria, for e.g. (non-systematic) literature reviews.

5) Additionally, information regarding characteristics of the included papers may be better and more clearly communicated to readers by inserting it into Table 1 or as a separate table.

Response: Information regarding the characteristics of the included papers, such as the: year of publication, type of reviews and residential status, were represented in charts as recommended by another reviewer. Charts can be seen in Figures 2-4.

6) Need to give full name TIDieR checklist as it is the first time that it is appearing in this paper. Also need to explain what it is - what kind of checklist? What is it a guide for? What features/aspects of TIDieR are effective for reporting/describing interventions? Benefits? How does TIDieR work with respect to social isolation/loneliness? Why is TIDieR unable to show which aspect contributes most/what CAN TIDieR show?

Response: The paragraph has been expanded to give a comprehensive description of the TIDieR according to the reviewer’s suggestions. Changes can be seen from line 25, page 16.

7) Examples are used a lot - which are helpful at times, however it doesn't always cover all the aspects i.e. it is often mentioned in this paper that some included papers have X characteristic e.g. paper Y, but there are other papers that also have this characteristic, so it would be good to have those discussed also.

Response: Changed according to reviewer’s suggestion.
Reviewer 3

1) Page 34, line 31, the TIDieR checklist is mentioned for its potential use for reporting and describing interventions. However, no explanation of what this is or what the acronym stands for is included, something which would be beneficial.

Response: The TIDieR acronym was expanded and a comprehensive description included as seen from line 25, page 16.

2) Page 33, line 19. The paragraph prior discusses some definitions of social isolation and loneliness, and how they are often used interchangeably. The consensus is drawn that the concepts are distinct but related and that social isolation is a risk factor for loneliness, but the paragraph would perhaps improve with clarification of what the AUTHOR defines both topics as.

Response: We have provided definitions of these terms and described how they are also related (seen on line 5, page 3). We have explained why it is important to include both constructs in the review, but to clearly identify which outcome interventions are aimed at (seen from line 9, page 15).

3) Page 35 line 51 mentions a "method of synthesis" which could be used to understand mechanisms of social interventions, but no definition of this is provided, which should be.

Response: The realist method of synthesis has been defined in the text (seen from line 14, page 18).

4) Table 1 on page 7 would benefit from explanatory footnotes; the search syntax includes many acronyms, some of which are not explained.

Response: The search syntax has been removed since it is replicated in Table 1 (see Additional file 1).

5) Figure 1 on page 10 (PRISMA Flowchart) is well set out and easy to read. But in order to have a review that can be replicated and for more detail, the databases and number of articles that came from each could be included, along with some footnotes explaining the diagram.

Response: The flowchart that we have presented (seen in Figure 1) follows the guidelines recommended by Tricco AC, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. Annals of Internal Medicine. 2018. pp. 467-473. doi: 10.7326/M18-0850.

In order to provide the reader with some additional information about search results (as recommended by reviewer 3), we have added the number of articles that were identified from each database.
6) Because the review covered a lot of different papers, things like the population characteristics were difficult to explain and required long lists of numbers of articles following each facet. Perhaps some of this data would be better presented graphically as well as written, to make it easier to digest. For example, a pie chart representing the specific subgroups in the older population more prone to loneliness and social isolation (e.g. older people residing in community (6, 22, 35 etc), institutionalised (40 ... etc)).

Response: A series of charts were created, illustrating the number of REVIEWS on loneliness and social isolation interventions published by year; the type of reviews on loneliness and social isolation interventions published from 1984-2018; and the residential status of populations included in eligible reviews (see Figures 2-4).

7) Limitations discussed on page 36 line 2 could be elaborated upon with suggested improvements should the review be repeated. It is suggested further databases could be used to yield more relevant reviews, perhaps if it were to be repeated, more than one reviewer could screen the titles and abstracts (page 7 line 31) to reduce risk of bias early on.

Response: Strengths and limitations of the scoping review were elaborated on (seen on line 23, page 18). The screening processes have been clarified as seen on line 3, page 7.

Reviewer 4
1) In table 2 changing the order by publication year

Response: Changed according to the reviewer’s suggestions as seen in Table 2 (see Additional file 2).

2) Too much information in the table does not need ex. the authors name.

Response: The title of the review was excluded from the table; and the author’s name and the year of publication was merged into one column (Table 2, see Additional file 2).

3) Limitation and no strength mention in the paper.

Response: This comment was addressed in response to a comment made by Reviewer 2 and 3. The revised paragraph can be seen on line 23, page 18.

Reviewer 5
1) Page 3 Line 49 "health research" - How has health research increased the life expectancy of the population?
Response: The sentence been clarified. Thank you. Changes can be seen on line 1, page 3.

2) Page 7 Line 29 - "present day" - What was the date you ran your search? Cf. Item 7 of the PRISMA-ScR Checklist, found on page 3 of Tricco, AC et al., PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation, Ann Intern Med, 4 September 2018. [doi: 10.7326/M18-0850]

Response: The date of when the search was run was added as suggested by the reviewer and can be seen on line 12, page 6.

3) Page 9 Line 10 "peer-reviewed" - it seems you gleaned data from the articles and recorded that data. I am not sure that this is actually "peer-reviewing". Perhaps another word is more descriptive. I defer to the editor.

Response: Yes, the articles were simply ‘reviewed’ against the eligibility criteria, as is standard protocol for a systematic scoping review. This has been amended accordingly in the text, seen on line 20, page 7.

4) Page 12/49 Line 32 "Table 2" Perhaps this should go on the same page as the table.

Response: Table 2 has been removed from the main manuscript and can be seen as Table 2, Additional file 2.

5) Page 34 Lines 56 and 58 - does "increases" modify "congruency" or did you intend another descriptor?

Response: The word ‘congruency’ was removed from the paragraph as ‘increases’ does not modify ‘congruency’ (seen on line 9, page 16).

6) Page 38 Line 42 - The Appendix of Supplementary Material did not list the results of the Medline search. Please include these data.

Response: The searches for all three databases (CINAHL, Medline and Embase) are displayed in Table 1 (see Additional file 1).

7) Page 39 Line 5 Reference 7 - How does this support the notion that research affected the longevity of people in the population?

Response: This sentence has been revised as suggested in the first comment made by reviewer 5.