Reviewer's report

Title: Diagnostic and prognostic utility of mid-expiratory flow rate in older community-dwelling persons with respiratory symptoms, but without chronic obstructive pulmonary disease

Version: 2 Date: 4 May 2015

Reviewer: Asli Gorek Dilektasli

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Minor Essential Revisions

Thank you for the opportunity to read this paper.

Prognostic utility of the maximal expiratory flow at 50% of the forced vital capacity in community-dwelling persons aged > 65 years were investigated. A cohort comprised of COPD and chronic bronchitis were utilized. Low MEF50 was found to associate with incident heart failure and predicted higher risk for acute bronchitis in follow-up in elderly community dwelling patients with pulmonary symptoms.

1. Page 2, line 19: Consider describing pulmonary events with increased risk, e.g. acute bronchitis, pneumonia, etc.

2. Page 4, lines 59-65: Patient inclusion criteria should better explicitly defined. Without reading the cited article, to understand the patient inclusion criteria is not easy. The utilized dataset includes patients diagnosed by a GP as “chronic bronchitis” and “COPD” according to symptoms and chest radiography. However, current study excludes patients with airflow obstruction and mainly enrolls “chronic bronchitis” cases. This feature of the study population is crucial when interpreting the results and should be clearly specified.

3. Page 4, line 68: Central airway obstruction is a misleading definition in this case. Please consider using as “airway obstruction” instead of “central airway obstruction” throughout the whole text.

4. Page 9, line 200: Airflow obstruction verified by spirometry is essential for COPD diagnosis. For that reason, “…individuals with a GP documented diagnosis of COPD but without central airway obstruction in spirometry according to the GOLD criteria…” leads to a confusion to the reader.

5. According to Table 1, there seems to be almost 2% of the study population is under corticosteroid treatment. Please clarify the reasons for chronic oral corticosteroid pharmacotherapy. Were the restrictive pulmonary disorders that may lead to a reduction in MEF50 such as interstitial lung diseases questioned? The study design does not allow to exclude restrictive lung diseases. This needs to be discussed as a limitation of the study.
Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests: I declare that I have no competing interests