Author’s response to reviews

Title: Decreased risk of falls in patients attending music sessions on an acute geriatric ward: results from a retrospective cohort study

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Title: “Decreased risk of falls in patients attending music sessions on an acute geriatric ward: results from a retrospective cohort study”

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We thank the Reviewers for their thoughtful review. As suggested, we performed a revision of our manuscript. We hope that the revised version has significantly improved the manuscript.

Please, find below our point-by-point responses to the comments and queries raised by the Reviewer and the Editor.

Reviewer’s comments:
Comment 1: The re-writing of the paper as a retrospective cohort rather than a clinical trial clarifies the design of the study. The authors need to search for stray words that indicate a trial, such as the use of the word “intervention”, page 12, line 3.

We thank the reviewer for this positive comment. We followed the recommendation and the word intervention was changed to exposure. Please refer to the modifications made in pages 10, 11, 18, and 19.

Comment 2: Page 6, line 36. Does the 152 include ALL the patients who met the selection criteria? If so, say so. If not, where did the 152 come from and why are all 571 inpatients not included?

The 152 (26.6%) patients included in the study met the selection criteria and were also matched based on their exposure or not to music. Please refer to the modification made on page 6 in the methods/participants section with all the details.

Comment 3: Page 7, line 51. It is not clear where the 125 points come from for the Morse Fall Scale score. Note that MFS as an acronym is defined here, on page 6 and in the abstract. It would be best not to use the acronym at all in the abstract

The Morse Fall Scale score includes 6 items. Each item has a different score. For example, history of previous falls is scored as 0 (if absent) or 25 (if present). The presence of a secondary diagnosis is scored as 0 if absent and 15 if present. The use of an ambulatory aid is scored a 0 for none, 15 for cane, and 30 for walker. The total possible score amounts to 125. This information has been clarified in the Methods Section on pages 7 and 8.

We followed the reviewer’s recommendation and the MFS acronym was removed from the abstract.

Comment 4: In several places, the authors note that the multiple linear regression was adjusted for participant characteristics. Please list them when you say this, and somewhere justify them. For example, reading the section in the results on participant characteristics, it is clear that the exposed group is different. Notably, they have worse MFS scores at baseline, meaning that one would expect them to improve or stay the same, in contrast to the other group that could worsen. Why is the baseline score not included in the participant characteristics used to adjust the regression? Why is this baseline difference not talked about in the discussion.

We adjusted participants for characteristics which are well recognized risk factors for falls in the literature. These risk factors were gender, living situation, cognitive performance, number of
therapeutic classes daily taken and use of psychoactive drugs. We did not adjust for other characteristics because they are not risk factor for falls. We added this information in the revised Methods section. Please see corrections on page 9.

The reviewer is correct in writing that the two groups are different regarding the MSF score at baseline. Even if this difference was not significant, the proportion of individuals at high risk of falls based on MSF classification was higher in the exposed group compared to the non-exposed group. In addition, the change of MSF score during the hospitalisation increased in the non-exposed group and decreased in the exposed group. In order to control for these differences in MSF scores between groups, we considered the variation of MSF score ((discharge - upon admission)/ ((discharge + upon admission)/2)) x100) as the key outcome. We added this information in the Discussion section in the Limitation paragraph. Please see corrections on pages 12 and 13.

Comment 5: Page 10, line 17. Change “participant’s” to “participant”.

The modification has been made.

Comment 6: Page 10, line 22. This concluding sentence of the results seems far too strong. It also is “discussion” and does not belong in the results.

This sentence was removed from the manuscript. Please see correction on page 10.

Editorial Comments:

Comment 1: The declaration 'Consent for publication' appears to be missing. Please include this declaration. This only applies to the consent to publish identifiable information (more information here - https://www.biomedcentral.com/getpublished/editorial-policies#consent+for+publication). If no such data is present please include the declaration but write 'not applicable'

In our paper, there is no identifiable information which is being published. It is therefore not applicable. Please find attached a filled declaration indicating that this is not applicable.

Comment 2: Please write the 'Authors' contributions' declaration as prose.

This was corrected. Please refer to page 13.