Author’s response to reviews

Title: Relative contribution of various chronic diseases and multi-morbidity to potential disability among Dutch elderly.

Authors:

Riaan Botes (r791970@hotmail.com)
Karin Vermeulen (k.m.vermeulen@umcg.nl)
Janine Correia (jc2correia@yahoo.com)
Erik Buskens (e.buskens@umcg.nl)
Fanny Janssen (f.janssen@rug.nl)

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Author’s response to reviews:

Reply to reviewers: BHSR-D-16-00819R1

Dear Professor Zalm,

Thank you for reviewing our revised paper entitled ‘Relative contribution of various chronic diseases and multi-morbidity to potential disability among Dutch elderly.’, and for giving us another opportunity to submit a revised version.

We have addressed the valuable remaining comments of reviewer 1, and adapted the manuscript accordingly. Below we will respond to the reviewer’s comments in a point by point manner. In the manuscript, we have indicated the changes in red.

We think the additional comments have helped us improving our manuscript further, and we believe the resulting manuscript can contribute to the contents of BMC Health Services Research.

Best regards, on behalf of all authors,

Riaan Botes
Reply to Editor Comments:

Please address Reviewer 1’s remaining concerns, and more specifically paying special attention to their comment about "clearer policy and practice implications of knowing the conditions and combinations of conditions".

Authors response:

We added clearer policy and practice implications of our results in our discussion. See as well our reply to reviewer 1.

Reply to reviewer report by Sarah Dennis, PhD (Reviewer 1):

Thank you for asking me to re-review this paper. The English is much improved and the methods and results are presented much more clearly now. My main comments relate to the discussion which is a bit repetitive and does not really answer the "so what?" question, especially in the middle section. I think there could be clearer policy and practice implications of knowing the conditions and combinations of conditions that people spend more years with and the type of health care required to meet their needs.

Authors response:

Thank you for the positive feedback. We rewrote our discussion (see lines 199-278) considerably, to clearly discuss our findings, and – especially - to add clearer policy and practice implications of our results. In doing so, we avoided repetition with the remainder of the discussion.

We currently end our discussion of findings with the paragraph below (see lines 267-278):

“In sum, information from studies like ours provide an indication for sex- and age-specific interventions aimed at the identified individual and combined diseases that cause the most time spent living with disease by age and sex, with as the ultimate aim to decrease disability across the remaining life course of the elderly. Identifying and acknowledging the effects of specific disease on elderly disability is only the first step in a remedial process. Conceivably diseases like diabetes, osteoarthritis and CHD can be cost-effectively managed or even avoided by altering unhealthy lifestyle choices, i.e. doing exercise or by making healthy dietary choices. Identifying and understanding the social, cultural and economic barriers that prohibit individuals from making or adhering to healthy lifestyle choices, is however essential as well to address the disability associated with specific diseases (30).
Educating health care services regarding important elderly disease interactions and their implications can enhance the effectiveness of interventions to diminish disability (31). “

Minor comments:

Line 58-59 "however, because disability ...." sentence does not make sense

Authors response:

We rewrote the sentence to “Both disability and wellbeing are broad concepts, however. Because disability is usually defined as a limitation in physical or mental functioning, caused by the presence of disease, the amount of time spent with disease is an important factor to consider when determining both disability and wellbeing.”

First line of discussion does not make sense and line 304 "Previous studies....." might be better positioned with content in the next paragraph although it is partially repeated there.

Authors response:

Instead of the first line of the discussion, we now included a more complete summary of results. In addition, we removed the sentence “Previous studies ... “ from the first paragraph of the discussion, and integrated it in the second paragraph of the discussion.

The first paragraph of the discussion currently reads as: “Across ages 65 and over, CHD caused the most time spent living with disease for Dutch men and osteoarthritis for Dutch women. Of the various co-occurrences of disease, the combination of diabetes and osteoarthritis led to the most time spent living with disease, for both Dutch men and women aged 65 and over.”

Can the authors clarify ethics approval - they appear to say that as it is publically available data that HREC is not required.

Authors response:

The population-level data was indeed publically available. We included the following statement on line 100-101 and line 316-317: “The data is freely available to the public and, according to Dutch legislation, no ethical approval was necessary to perform the research.”