Author's response to reviews

Title: Burden of frailty in the elderly population: perspectives for a public health challenge

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Author's response to reviews: see over
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Title: Burden of frailty in the elderly population: perspectives for a public health challenge
Author: Fanny Buckinx (fanny.buckinx@ulg.ac.be)
Version: 2 Date: 05 January 2014

Reviewer's report
Title: Burden of frailty in the elderly population: perspectives for a public health challenge
Version: 1 Date: 9 December 2014
Reviewer: Ivan Bautmans

Reviewer's report:
This manuscript provides a nice summary of the major available frailty concepts. I have only minor remarks:

Minor Essential Revisions
- The manuscript contains some linguistic errors, e.g. page 2 last paragraph, first sentence;

Author’s response: the whole manuscript has been revised.

- I wonder whether the authors might add some clear recommendations for the implementation of screening for frailty: who should screen, how, and what will be the related costs/gains for the society?

Author’s response: We fully agree with the reviewer. Consequently, a section entitled “Perspectives” has been added to this text. It shows the benefit of screening for frailty and also the recommendations for its implementation. This added section reads as follows:

Screening frailty and implementing early interventions could prevent the risk of loss of autonomy and the occurrence of adverse health events of people aged 65 or over, within 1 to 3 years. In addition, the identification of frail individuals could help in improving the management of their comorbidities. Indeed, frail patients appear to have specific care needs, beyond care of underlying or coincident comorbidities and associated disability. Medical care for frail older adults needs to include ruling out, and treatment of pathologic causes of progressive weakness, weight loss, decreased exercise tolerance, slowed task performance (i.e. walking speed), and/or low activity. Because frailty is a progressive condition that begins with a preclinical stage, it offers the possibility of early detection and thus of prevention.

It is admitted that frailty, because of the related adverse events, is costly for the patient and the society. However, few data exist on the potential financial gains of screening for frailty and there is no evidence on the economic implications of interventions targeting degree of frailty in the frail population. Identification of cost-effective interventions to reduce frailty may help health services to more efficiently allocate health care resources to those older people most at risk. Identifying cost-effective means for reducing frailty has the potential to guide appropriate use of the limited resources available to improve outcomes in older people. Therefore, further data are needed and a cost-effectiveness study could fill the gap in the literature.
Level of interest: An article of importance in its field
Quality of written English: Needs some language corrections before being published
Declaration of competing interests:
I declare that I have no competing interests
Reviewer's report
Title: Burden of frailty in the elderly population: perspectives for a public health challenge
Version: 1
Date: 16 December 2014
Reviewer: S Hoeck
Reviewer's report:
Minor essential revisions:
1) Title: this manuscript is mainly a review on the definition of frailty (as indicated as purpose) and does not give many 'perspectives' as stated in the title. Other title is needed, or include more perspectives for public health challenges. What are the main ‘perspectives for public health challenge?’ Should be better stated in the conclusion, otherwise not included in the title. Discrepancy between title and purpose of the study.
‘The purpose of this study was to review the recent literature on the definition of frailty, the burden of the disease and the challenges for public health (i.e. screening and prevention).’
Title: ‘Burden of frailty in the elderly population: perspectives for a public health challenge.’

Author’s response: as suggested by the reviewer, a section entitled “Perspectives” has been added to this text, so that it now reflects more the title. This section reads as follows:
“Screening frailty and implementing early interventions could prevent the risk of loss of autonomy and the occurrence of adverse health events of people aged 65 or over, within 1 to 3 years. In addition, the identification of frail individuals could help in improving the management of their comorbidities. Indeed, frail patients appear to have specific care needs, beyond care of underlying or coincident comorbidities and associated disability. Medical care for frail older adults needs to include ruling out, and treatment of, pathologic causes of progressive weakness, weight loss, decreased exercise tolerance, slowed task performance (i.e. walking speed), and/or low activity. Because frailty is a progressive condition that begins with a preclinical stage it offers the possibility of early detection and thus of prevention.

It is admitted that frailty, because of the related adverse events, is costly for the patient and the society. However, few data exist on the potential financial gains of screening for frailty and there is no evidence on the economic implications of interventions targeting degree of frailty in the frail population. Identification of cost-effective interventions to reduce frailty may help health services to more efficiently allocate health care resources to those older people most at risk. Identifying cost-effective means for reducing frailty has the potential to guide appropriate use of the limited resources available to improve outcomes in older people. Therefore, further data are needed and a cost-effectiveness study could fill the gap in the literature.
Major Compulsory Revisions
2) In a review, the methodology should be described: research question? Literature search, terms used, years and databases included? How many articles found? How many used in this ‘review’, and which selection criteria were used?

Author’s response: This is an important point. However, this work was not intended to be a systematic review but only a thematic one, conducted by epidemiologists and geriatricians in order to review the recent literature on frailty. Nevertheless, the research strategy is now explained in the manuscript. We have added this paragraph: “This work was not intended to be a systematic review but only to be a thematic one conducted by epidemiologists and geriatricians. Therefore, the purpose of this study was to review the recent literature on the definition of frailty, the burden of the disease and the challenges for public health (i.e. screening and prevention). To select the most recent articles, we carried out a search in the electronic database MEDLINE to identify studies published within the last 20 years. We also limited our search to articles about human frailty, written in English or French and concerning people aged over 65 years. The mesh term « frailty » was used in this research and to refine the search, the term “definition”, “prevalence”, “epidemiology”, “screening”, “consequences” and “intervention” were combined with “frailty” using Boolean indicators. Additional studies were identified by a manual search of bibliographic references of selected articles and existing reviews. More than 2300 articles were found. The most interesting references were selected on the basis of the previously reported goals.”

Minor essential revision:
3) Some examples of poor English:
Intro: “Therefore the identification of frail adult is essential.”
Main text: “As explains in the introduction”
“plateau” search other word
In general: check adverbs and adjectives
So, no clear consensus definition of frailty emerges from the literature.
The use of an instrument should always be conform to the aims for which it was designed in respect of its characteristics [19]. (What does this mean?)

Author’s response: As suggested, the text has been revised.

Minor essential revision:
4) Key word: nursing home?? Only frailty in nursing home populations? No. Prevalence will vary substantially. Authors give frailty prevalence on elderly living at home ‘community dwelling’.
Author’s response: keywords have been adapted to better match the content of the article.

Level of interest: An article of importance in its field
Quality of written English: Needs some language corrections before being published
Declaration of competing interests: 'I declare that I have no competing interests'