Author’s response to reviews

Title: Self-rated health and associated factors among the oldest-old: results from a cross-sectional study in Sweden

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Dear Editor,

Thank you for your letter and the reviewers’ comments on our manuscript entitled “Self-rated health and associated factors among the oldest-old: results from a cross-sectional study in Sweden” (AOPH-D-19-00230). We wish now to resubmit the manuscript for consideration for publication.

We have revised the study in line with the comments received (marked with yellow text). Detailed responses to the points raised by the reviewers are attached.

Both authors have approved the revised version of the manuscript. There are no financial or other relationships that might lead to a conflict of interests.

Yours sincerely,

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Reviewer #1:
General comments:
This is a cross-sectional study based on 1 360 persons aging over 85 years on self-rated health and associated factors. Physical inactivity, impaired physical mobility, pain, anxiety/depression and longstanding illness were independently associated with poorer than good self-rated health, while factors such as gender, age, educational level, cash margin, living alone, social support, smoking, alcohol use, obesity, accidents and impaired vision/hearing were not. Although somehow not novel, results are interesting due to the focus on the > 85 years old individuals.
Data presented can help planning how to improve and maintain health in the growing elderly population.
This is an interesting study and well designed (and written).

Specific Comments:
It was curious on how the questionnaire was sent and retrieved? for example through an online platform? Please specify and add this information on method or results section ans discuss about the possible limits or advantage
- The questionnaire was sent by post, including up to two reminders, but there was also a possibility to respond online. We have now explained in more detail how the questionnaire was sent and retrieved in the methods section (pp. 4-5).

Can you disclose the number of questionnaires filled by someone assisting? This would help clarifying the robustness of the data. In fact, in my opinion, the study would gain much from this data.
- We did not collect data on whether they had received help in filling in the questionnaire in the survey, but we saw this as an important aspect to explore and did so in another later survey (which instead did not include all the variables used in this study). There the proportion who received help was 26% in this age group. We have now explained this and discussed the implications in the discussion (pp. 14-15).

Finally, regarding the variable "accident", I think it is highly flexible from person to person. With this being said, although being a cost of this study, it does provide valuable information. Please discuss further this individual variation
- We agree with this point and have now clarified that the question referred to accidents that led to seeking health care or dental care as well as added a comment that there can be individual variation in the interpretation of the word accident (p. 12).

Reviewer #2:
General comments:
This is an interesting study and the authors have collected a unique dataset among the oldest-old in the general population in Sweden.
The paper is generally well written and structured.
This work presents interesting results pertaining to prevalence of good/poor SRH, and the relationships between SRH and various factors related to health and living conditions among the oldest-old. Despite the unclarity of the dataset and the methodology the authors have carried out extensive statistical analysis highlighting factors such as physical activity, mobility, pain, and depression among the oldest-old population in Sweden. The general public as well as experts may also find this work to be of interest, especially those working in social welfare policy as well as healthcare professionals looking into the health needs of this population.

Specific comments:
A few comments would be that "Health on equal terms" is carried out since 2004 but in the study how the sample frame is set or how individual weight is calculated is unclear. Please specify
- We have now explained in more detail in the methods section (pp. 4-5) how the national survey and the enlarged samples in the two counties were carried out and how the sample frame was set. No individual weights were used in the present study.

There isn't enough explanation of why only two counties were chosen as this survey is carried out in four counties in northern Sweden. Please clarify and disc about this point.
- Only two counties included the age group 85 years and older. This has now been explained in the discussion (p. 15).