Reviewer’s report

Title: BRInging the Diabetes prevention program to GEriatriic populations (BRIDGE): A pilot study of feasibility

Version: 1 Date: 11 Feb 2019

Reviewer: Bonny Rockette-Wagner

Reviewer's report:

I think that the underlying idea of this project is a good one. Unfortunately, the reporting of the research is were the problems begin with this manuscript. I suggest that you re-explore the value of your work (in terms of examining feasibility) and greatly revise.

I agree with a previous reviewers comments that the indecision about whether to present this as a pre-post pilot or a feasibility study is problematic. It does not appear to be resolved in this newer version. I am not enthusiastic about the pre-post results at all for several reasons: (1) You have no power to do this correctly (2) No RCT (3) I don't know that your outcome measurement methods are valid (you don't present validation studies) (4) This is an incomplete program- the DPP was based in social cognitive theory and requires all core materials to be presented (16 DPP sessions or 12 Group Lifestyle Balance sessions) to follow that model. Your 6 sessions cannot be complete enough to follow the model, so I can't tell what this program is that you are assessing as a pre-post study. You would at least need to present which sessions you used and which components of social-cognitive theory are present and which are not to give me any idea of how to interpret your results. In the end- I do not think that the pre-post results can be interpreted with any amount of certainty and suggest that they be dropped from the paper. Not to say that you could not use results for power calculations later, but they are not publication worthy. You could also mention that weight-loss was seen, but I would not make much of the actual numbers.

I think that the real paper is in the feasibility results. However, by including all of the pre-post data you are missing a lot of the details you need in this section regarding your methods. I don't see any description of the methods used for the qualitative analyses of the focus group data or any mention of software for this. Again the intervention materials used are not well described. You mention the group lifestyle balance materials, but then mention that there was a suggestion of modifying exercises for older adults. The Group Lifestyle Balance Program encourages walking as the main exercise (as does the DPP) - so this was confusing to me. You also very briefly mention feasibility issues with bringing in centers who had everything needed to run the program. This would have been an interesting aspect of feasibility to collect and report data on. Another interesting topic that you gloss over is the use of the ADA screener for identifying potential participants. This screener will likely include more people than the more rigorous standards used for DPP or Group Lifestyle Balance Program testing. The screener was designed for physicians to identify people who may need testing for t2d and not as a tool for referral to intervention. Although I personally agree that it has potential to be used in that way. There is little published on this use of the screener (in terms of feasibility).
This could be another interesting topic of feasibility for you to explore. Also note: you have several normal weight individuals who were recruited into this primarily weight-loss focused study. This should be commented on particularly due to the age of the population (encouraging weight-loss in normal weight elders).

All-in-all it seems that you may have some interesting data, but have chosen to focus more on your pre-post data, which is of low quality due to the nature of the study (and no fault of yours). I would strongly suggest going back and re-assessing the true value of your work and organizing a better presentation of that data, which I believe is likely to focus around aspects of feasibility.

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The Group Lifestyle Balance Program is referenced. I have/am receiving NIH grant funding on projects testing the efficacy of that program. My employer, UPITT, has a trademark for the Program. I own nothing related to this intervention, and have nothing to gain or loss from it.
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