PEER REVIEW HISTORY

ARTICLE DETAILS

TITLE (PROVISIONAL)	Effectiveness of a multifactorial intervention on preventing development of frailty in pre-frail older people. Study protocol for a randomised controlled trial.
AUTHORS	Fairhall, Nicola; Kurrle, Susan; Sherrington, Catherine; Lord, Stephen; Lockowood, Keri; John, Beatrice; Monaghan, Noeline; Howard, Kirsten; Cameron, Ian

VERSION 1 - REVIEW

REVIEWER	Anne Ekdahl, MD, PhD Karolinska Institute, Division of Clinical Geriatrics, Sweden
REVIEW RETURNED	23-Dec-2014

GENERAL COMMENTS	Very well written and interesting study protocol. Just some minor remarks: I do not find it a strength that it is a single-center study. I am also concerned that the inter/multiprofessional team does not have the medicial responsibility of the participants - just a Consulting role to the GP's. I still Think that the intervention will be of value - but it could have been even better.

REVIEWER	Kathryn Daniel Associate Professor, College of Nursing and Health Innovation University of Texas at Arlington, USA
REVIEW RETURNED	25-Dec-2014

GENERAL COMMENTS	I look forward to reviewing the results of this trial. I am curious to hear how the participants randomized to both the intervention and to the control group performed. In my experience, subjects randomized to control in an unblinded trial, drop out at a higher than expected rate. Over a long study period, attrition in the control group could be a problem.

VERSION 1 – AUTHOR RESPONSE

Nicola Fairhall.

1. Please state how the results will be communicated to the participants (if they will be)

Participants will be provided with their own results on request. The overall results will be available to participants once the final results are published. It is anticipated that participants will register their interest in receiving this information when their participation in the study ends.

2. I do not find it a strength that it is a single-center study.

We agree with this comment and have amended the text on page 4 accordingly:
Strengths and limitations of this study:
2) Randomised controlled trial with blinded assessors and intention-to-treat analysis.

3. I am concerned that the inter/multiprofessional team does not have the medical responsibility of the participants - just a consulting role to the GP's. I still think that the intervention will be of value - but it could have been even better.

Medical responsibility for the participants remains with the GPs as this reflects standard practice in the Australian health care system and makes the intervention generalisable to that deliverable in the real life community setting. The text has been amended to clarify the roles of the medical members of the team (the Rehabilitation Physician and Geriatrician) in this study.

General health status will be assessed and intervention tailored to each individual's problems. Where indicated, chronic disease management programs will be implemented or reinforced in conjunction with existing health services. We will use the principles of comprehensive geriatric assessment, with careful follow-up of chronic diseases, pain and conditions such as incontinence, osteoporosis and impaired cognition. The rehabilitation physician and geriatrician will play a central role in assessment and recommendations for ongoing intervention.

4. In my experience, subjects randomized to control in an unblinded trial, drop out at a higher than expected rate. Over a long study period, attrition in the control group could be a problem.

We understand this concern and participants in the control group receive encouragement from the staff member who conducts baseline assessment and discusses their subsequent group allocation. In our previous randomised controlled trial we delivered a similar intervention to 241 frail older people for one year. Three participants withdrew; two in the control group and one in the intervention group.