

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Intervention Elements to Reduce Inappropriate Prescribing for Older Adults with Multimorbidity Receiving Outpatient Care: A Scoping Review
AUTHORS	Lee, Jia Qi; Ying, Kate; Lun, Penny; Tan, Keng Teng; Ang, Wendy; Munro, Yasmin; Ding, Yew

VERSION 1 - REVIEW

REVIEWER	Shanna Trenaman NSHA and Dalhousie University, Canada
REVIEW RETURNED	16-May-2020

GENERAL COMMENTS	<p>I want to thank you for the wonderful paper. I read the scoping review with interest and look forward to being able to refer to it for my own future work. I noticed two very minor items that if altered may be beneficial for consistency in the paper.</p> <p>1) On both Page 3 line 47 and page 4 line 9 you refer to adverse drug events. On page 3 it is called an adverse side effect on page 4 you refer to ADE. I prefer the term ADE (adverse drug event) and encourage you to be consistent with ADE throughout the manuscript.</p> <p>2) This is another small item but noticed that it says PIM in table 2 feedback and audit section where the rest of the paper uses PIP. I understand that the study referred to likely used PIM terminology but perhaps the definitions are so similar as you can use PIP to keep your paper consistent?</p> <p>Again thank you for the lovely paper.</p>
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REVIEWER	Dr. Ahmad Al-Azayzih Jordan University of Science and Technology, Jordan
REVIEW RETURNED	16-Jun-2020

GENERAL COMMENTS	<p>Manuscript #: bmjopen-2020-039543 "Intervention Elements to Reduce Inappropriate Prescribing for Older Adults with Multimorbidity Receiving Outpatient Care: A Scoping Review"</p> <p>The paper is a scoping review study which is exploring the</p>
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	<p>Intervention Elements utilized in literatures to Reduce Inappropriate Prescribing for Older Adults with Multimorbidity Receiving Outpatient Care.</p> <p>There are minors and major aspects to be addressed which I detail below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Keyword list is not comprehensive (aged could be replaced with elderly, and inappropriate prescribing could be added) <input type="checkbox"/> List of Abbreviations should be included. Also, all abbreviations through the text should be identified. <input type="checkbox"/> Why the authors in their introductions reported the prescribing pattern over the past years citing only studies from developing countries. I think it good to cover other geographical areas including developing countries in Asia, Middle east, and other areas. <input type="checkbox"/> One of the major concerns in this study is that other inappropriate prescribing identification criteria's such as "Beers' Criteria" were not discussed in this review. Polypharmacy and inappropriate prescribing are the core terms in this review. <input type="checkbox"/> Authors should fix minor grammatical and typo issues in the text.
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VERSION 1 – AUTHOR RESPONSE

Reviewers' Comments to Author:

Reviewer 1

I want to thank you for the wonderful paper. I read the scoping review with interest and look forward to being able to refer to it for my own future work. I noticed two very minor items that if altered may be beneficial for consistency in the paper.

Response: We are glad to hear that the reviewer has enjoyed reading our paper. We thank the reviewer for her comments.

1) On both Page 3 line 47 and page 4 line 9 you refer to adverse drug events. On page 3 it is called an adverse side effect on page 4 you refer to ADE. I prefer the term ADE (adverse drug event) and encourage you to be consistent with ADE throughout the manuscript.

Response: We thank the reviewer for highlighting this. We agree that the consistent use of terms throughout the paper would ease the reading process and have changed the term "adverse side effects" in page 3 line 47 to "adverse drug events (ADE)" as suggested.

2) This is another small item but noticed that it says PIM in table 2 feedback and audit section where the rest of the paper uses PIP. I understand that the study referred to likely used PIM terminology but perhaps the definitions are so similar as you can use PIP to keep your paper consistent?

Response: As the reviewer rightly pointed out, the term "PIM" was used because of its usage in the reference paper. We agree that the mention of "PIM" can be confusing and thus have replaced it with either "PIP" or "potentially inappropriate medications" where appropriate.

3) Again, thank you for the lovely paper.

Response: Thank you for your kind comment.

Reviewer 2

There are minors and major aspects to be addressed which I detail below:

1) Keyword list is not comprehensive (aged could be replaced with elderly, and inappropriate prescribing could be added)

Response: We thank the reviewer for the comment. We have replaced the keyword “aged” with “elderly” as suggested. We did not include the keyword “inappropriate prescribing” as it is already captured in our title and abstract.

2) List of Abbreviations should be included. Also, all abbreviations through the text should be identified.

Response: According to the reviewer’s suggestion, we have added a section titled “Abbreviations” after the section “Article Summary”, where all abbreviations used in the manuscript and their corresponding definitions are listed in alphabetical order. We apologise for failing to provide definitions for some of the abbreviations previously. We have looked through the text and made sure to define every abbreviation used.

3) Why the authors in their introductions reported the prescribing pattern over the past years citing only studies from developing countries. I think it good to cover other geographical areas including developing countries in Asia, Middle east, and other areas.

Response: We agree that polypharmacy trends across geographical regions might be of interest to our readers. Unfortunately, we were unable to find data on the trends in polypharmacy among geriatric outpatients over the years in developing countries. However, we have added studies that examined such trends in Asia and New Zealand to ensure a greater representation of the different geographical regions. In addition, we have also included statistics on the prevalence of polypharmacy in various countries (including Australia, Brazil, China, New Zealand and Nigeria) that were taken from a 2019 World Health Organization report, to demonstrate the ubiquity of the problem.

4) One of the major concerns in this study is that other inappropriate prescribing identification criteria’s such as “Beers’ Criteria” were not discussed in this review. Polypharmacy and inappropriate prescribing are the core terms in this review.

Response: We have added the following sentence under the subheading “Tool/Instrument(s)” in the Results section where we discussed the tool/instruments that have been identified in the included studies: “Among the 18 studies that involved tool/instrument(s), the most commonly employed tool/instrument was the STOPP criteria (n = 7; 38.9%), followed by Screening Tool to Alert to Right Treatment (START) (n = 5; 27.8%) and Beers criteria (n = 4; 22.2%).”

5) Authors should fix minor grammatical and typo issues in the text.

Response: We thank the reviewer for highlighting this. We have amended the grammatical and typographical errors in our manuscript.