Replying to Reviewers' Comments

- Journal's wishes trumps your wishes!
- Editors have a responsibility to the journal and the readers
- The reviewers may not agree with each other
- The editors will decide on what they think is important and what is not
- Address everything even if no changes are made

Replying to Reviewers' Comments

- Deconstruct each of the messages into individual items that you can respond to
- Try and make the majority of the changes requested
- If the reviewers has asked a question or makes a point – think if the manuscript will be improved by including/editing text even if not explicitly asked for by the reviewer
- Give reasons if don't accept suggestions
- Polite and pragmatic

Format

- Cover letter
- Use table form with 4 columns: Number, Reviewer's comment, Location, Amendment

No	Reviewer's Comments	Location	Amendment
1	"active group" may not be best term	Throughout	term changed to "intervention group"
2	It remains unclear why the authors have chosen these risk factors for institutionalization.	Page 9	The risk factors have been chosen based on previous studies that have identified factors for institutionalization The following text has been included: *"These predictors have been identified based on the clinical significance….*

Examples of Agreement

(from: "Scientific Writing easy when you know how")

- *There should be discussion of the safety and possible side effects of XX*

- A comment about the safety has been added as follows: Side effects of XX have have only been reported when this compound has been applied directly to the skin or used to treat clothing at higher concentrations (10%). The concentration used in this study is 0.03% and is unlikely to cause these effects

- *The term “active group” may not be the best term”*
- The term has been changes to intervention group

- *Figure 2 is excellent but could be made clearer*
- We have made the suggested changes to Figure 2 and agree that this make the figure easier to understand

- *A summary paragraph would be helpful*
- A summary paragraph has been added

- *More detail about the assessment leading to a diagnosis of MCI is needed and more justification for the multivariate analyses (weren't some of the variables entered into the model dependent on each other?)*

- Thank you. We have provided more information on the cognitive assessments and the diagnosis of cognitive impairment (please see pages 11-12).

- For the multivariate analysis, we have tested for co-linearity and interactions between the variables. There was no evidence of co-linearity, and variables were independent of each other. Moreover, there was no evidence of clinically significant interactions. We have added the following text in the methods section.

- *“Testing for co-linearity between the variables was performed. There was no evidence of correlation between the variables .”*

- *It remains unclear why the authors have chosen these risk factors for institutionalization.*

- The risk factors have been chosen based on previous studies that have identified factors for institutionalization. One of the strengths of our study is that we are able to look at a range of factors including medical factors, physical performance measures, socio-demographics factors and cognitive status. We have now stated this on page 9.

- *“These predictors have been identified based on the clinical significance, and based on previous studies investigating risk factors for institutionalization [1,2].”*

- *Discussion*
  *In the second paragraph the authors discuss that there are lower proportion institutionalized that in previous studies. One reason might be that the participants were all men. Males are less institutionalized because they often have a wife at home taking care of them. Women live longer and more often live alone and admitted to institutions because lack of caregiv*er.

- We thank reviewer for these comments. We have now discussed this in the discussion section (page 18), and added the following text.

- *“Moreover, older men as a group are less likely to be institutionalized as their wives outlive them and commonly act as their caregiver at home.”*

“Agree but nothing you can do about it”

- *How did you assess self-report information in individuals with cognitive impairment? How can you assure validity of such information?*

- We thank the reviewer for raising this point. Unfortunately, we cannot assure the validity of self-report information amongst individuals with cognitive impairment. Moreover, it would be impractical to check this in the study sample. However, we have added the following comment in the Discussion section, study limitations, page 21:

- *“Moreover, the validity of self-report data in participants with cognitive impairment may be questionable.”*

“Meeting half-way”

- *The long section on ZZ is not useful in the introduction. The paragraphs should be deleted..*

- This section has been shortened but not removed because one of the studies forms the basis of our hypothesis that…….

“Reviewer was not clear”

- *If sampling was by residential area, then there is a potential statistical issues to do with cluster design*

- we apologise for unintentionally being misleading. This study was not a cluster design and we have altered our wording accordingly. Participants were selected who lived within a specified distant from the hospital. This has been made clear.

“Let the Editors decide”

- *In my opinion, Figure 3 could be deleted.*
- Figure 3 defines the allergen avoidance intervention in detail, as figure 4 does the diet intervention. We have retained the figure but are happy for it to be deleted if the editor wishes to do this.

“You think you are correct and do not want to edit”

- *Statistical analyses: what was the rational to include variables had p<0.25 in the multivariate analyses?*

- The significance cut-off of p<0.25 or p<0.20 is acceptable cut off to rule in covariates to include in the multivariate model. A number of studies have used this significance cut off [1-3].

“Don’t be shy about providing extra data to even if it will not appear in manuscript”

- *The use of a mixed sampling frame, namely, a random sample drawn from the electoral roll and a smaller sample of volunteers. The reason for inclusion of the latter group is unclear and the study would be more convincing if this group were excluded or if there was evidence that they did not differ from the random sample in any significant way.*

We assessed this group and do not believe they bias the results. We have added information to the text to show they are no more likely to have low BMD or fractures than the group recruited by invitation letter

In addition below is an outline of their characteristics FYI.

	Recruited by word of mouth	**Recruited by invitation letter**
Mean Age	76.5 yrs	77 yrs
Self rated health "excellent"	76 %	69%
Married	74%	77%
Hx of heart attack	18%	18%
Hx of stroke	10%	8%
Hx of diabeties	17%	19%
Osteoporsis T<-2.5	11%	13%