

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Elder mistreatment in a community dwelling population: the Malaysian Elder Mistreatment Project (MAESTRO) cohort study protocol
AUTHORS	Choo, Wan Yuen; Hairi, Noran; Sooryanarayana, Rajini; Yunus, Raudah; Hairi, Farizah; Ismail, Norliana; Kandiben, Shathanapriya; Ali, Zainudin; Ahmad, Sharifah; Abdul Razak, Inayah; Othman, Sajaratulnisah; Tan, Maw Pin; Peramalah, Devi; Brownell, Patricia; Awang Mahmud, Awang Bulgiba

VERSION 1 - REVIEW

REVIEWER	Carolyn Pickering College of Nursing, Michigan State University, USA
REVIEW RETURNED	02-Feb-2016

GENERAL COMMENTS	<p>This is a well designed protocol that will assist other researchers in designing their own projects.</p> <p>Please be consistent with terms (elder abuse vs elder mistreatment vs EAN).</p> <p>You had a well described sampling plan. It is my understanding you are halfway through the project. It would be beneficial to others to hear more about how it worked when implemented including:</p> <ul style="list-style-type: none"> 1) how many of respondents approached agreed to participate? (including break down of older adults vs caregivers) 2) how many respondents approached were ineligible to participate? 3) attrition rate at follow up (whichever you have completed thus far) 4) specific measure taken to include persons with dementia/mild cognitive impairment. I see severe dementia was an exclusion criteria - how was this determined? in western countries dementia is a risk factor for elder abuse, how is dementia being included in the analysis? <p>As many of us struggle to design rigorous studies that also meet requirements of the IRB I think this paper could be of assistance to others with more description of ethical concerns including:</p> <ul style="list-style-type: none"> 1) a description of the study's safety protocol including measures taken to protect the older and the interviewer. 2) Often a concern is that a victim's participation in a research interview can increase their risk of subsequent violence if the abuser/perpetrator finds out. You are recruiting both victims and abusers. It would be very helpful to include a report of any adverse events to date resulting from a victim participating in a research interview. And if there were any adverse events to date, steps taken
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	<p>to mitigate them.</p> <p>3) More specific details about how the interviewers were trained (topics covered, skills learnt, number of hours spent training, etc.)</p> <p>4) more details about the consent process for both the older adult and the caregiver</p>
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REVIEWER	Gill Livingston UCL, UK
REVIEW RETURNED	17-Feb-2016

GENERAL COMMENTS	<p>The abstract does not indicate how the authors measure elder abuse or how they decided on the number of households they are sampling and what determinants they are considering.</p> <p>The introduction outlining cultural differences and known risk factors for abuse is good but there is much more summary or specific literature e.g. our own Cooper C, Selwood A, Livingston G <i>The prevalence of elder abuse and neglect: a systematic review</i>. Age Ageing. 2008 Mar;37(2):151-60. doi: 10.1093/ageing/afm194.</p> <p>Dong, XinQi; Simon, Melissa A; Odwazny, Richard; et al. Depression and elder abuse and neglect among a community-dwelling Chinese elderly population. <i>Journal of elder abuse & neglect</i> 20 25-41 2008</p> <p>The Biggs study excluded people with dementia who are most at risk and I think this study will too as people in care homes or post stroke or with severe cognitive impairment are excluded. People with memory problems will not be able to answer their questions accurately and will of course worsen cognitively over the study. Is their questionnaire validated? They seem to have taken a questionnaire and changed it.</p> <p>The authors do not address as a limitation that they will not have accurate data about people with dementia</p> <p>There is no analytic plan</p> <p>The study is not registered although many prevalence studies are not.</p>
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REVIEWER	James G Obrien University of Louisville
REVIEW RETURNED	29-Feb-2016

GENERAL COMMENTS	<p>Exceptional study. Study likely to yield new information regarding abuse and neglect in a rural setting in terms of prevalence, incidence, individual, family and social determinants and outcomes. This study is timely with the changing demographics because also there is no formal legislation regarding abuse and neglect in this South East Asian country. Extremely well done comprehensive prospective cohort study with 5 year follow up. Methodology strong and face to face interview with older adult and caregiver in home setting a definite strength. Also use of incentives gifts superior to money. Lessons learned use of locals whenever possible.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Reviewer Name

Carolyn Pickering

Institution and Country

College of Nursing, Michigan State University, USA

Please state any competing interests or state 'None declared':

None declared.

Please leave your comments for the authors below

This is a well designed protocol that will assist other researchers in designing their own projects.

Please be consistent with terms (elder abuse vs elder mistreatment vs EAN).

Response: Thank you for the suggestion. All terms in the paper were standardised to elder mistreatment.

You had a well described sampling plan. It is my understanding you are halfway through the project. It would be beneficial to others to hear more about how it worked when implemented including:

1) how many of respondents approached agreed to participate? (including break down of older adults vs caregivers)

Response: A total of 2,470 elderly respondents were listed in the sampling frame used for the survey. Preliminary analysis estimated a total of 2,118 older adults participated and interviewed in the study, which gave a response rate of 85.7%. This information is included in the Discussion section (See page 26 Line 47)

2) how many respondents approached were ineligible to participate?

Response: 378 older adults did not participate in the study. Reasons for non-participation were: refusal (33%), living elsewhere/not at home at the time of study (31%), ineligible (11%), death (9%) and others (16%) (See page 26 Line 51)

3) attrition rate at follow up (whichever you have completed thus far)

Response: The next follow-up is scheduled to be on the 3rd and 5th year after baseline assessment. We could not provide any information on attrition rate.

4) specific measure taken to include persons with dementia/mild cognitive impairment. I see severe dementia was an exclusion criteria - how was this determined? in western countries dementia is a risk factor for elder abuse, how is dementia being included in the analysis?

Response: We agreed with the reviewer that dementia is a risk factor for elder abuse. We did not attempt to measure dementia as it is a clinical condition which would not be possible to diagnose accurately at the study site. We addressed this as a limitation in this study (see page 27 line 30). Our present study screened for cognitive impairment using established measurement tools such as ECAQ.

As many of us struggle to design rigorous studies that also meet requirements of the IRB I think this paper could be of assistance to others with more description of ethical concerns including:

1) a description of the study's safety protocol including measures taken to protect the older and the interviewer.

Response: Thank you for the useful suggestion. A safety protocol was developed and several measures were implemented in the study to protect the rights of the older adults and the interviewers. This include informed consent process, rights to withdrawal, confidentiality, referral procedures, etc. (See page 24 line 18)

2) Often a concern is that a victim's participation in a research interview can increase their risk of

subsequent violence if the abuser/perpetrator finds out. You are recruiting both victims and abusers. It would be very helpful to include a report of any adverse events to date resulting from a victim participating in a research interview. And if there were any adverse events to date, steps taken to mitigate them.

Response: There were no adverse events reported during the conduct of this study. The research team referred 28 cases to the State Department of Social Welfare or Department of Health for further assessment and follow-up upon interviewee's consent. Additional details are included (see page 29 line 50; page 25 line 3)

3) More specific details about how the interviewers were trained (topics covered, skills learnt, number of hours spent training, etc.)

Response: A two day training session were provided to interviewers to familiarise with the objectives, methodology and research protocol. The topics covered include general topics on elderly and aging process, types of abuse and neglect, interviewing techniques, ethics of conducting sensitive topics, communication skills, and stress management. The session also included role play, mock interviews, group discussions and appropriate responses when handling difficult situations such as an elder respondent who could be hostile, got upset or cried during the interview. There was a medical doctor and two counsellors who were part of the research team during data collection to provide emotional support when necessary. This information is included ethics section (See page 25 line 23)

4) more details about the consent process for both the older adult and the caregiver

Response: The participation of both older adults and their caregivers was voluntary. Informed consent was obtained from each individuals before the conduct of the study. We explained the purpose, risk and benefits, making clear to the respondents that they can opt out or withdraw at any time without affecting their rights to access to medical care or social welfare services in the public facilities. (page 25 line 3)

Reviewer: 2

Reviewer Name

Gill Livingston

Institution and Country

UCL, UK

Please state any competing interests or state 'None declared':

None declared

Please leave your comments for the authors below

The abstract does not indicate how the authors measure elder abuse or how they decided on the number of households they are sampling and what determinants they are considering.

Response: We thank the reviewer for the suggestion. We have revised the abstract. (See page 3 line 27)

The introduction outlining cultural differences and known risk factors for abuse is good but there is much more summary or specific literature e.g. our own Cooper C, Selwood A, Livingston G The prevalence of elder abuse and neglect: a systematic review. Age Ageing. 2008 Mar;37(2):151-60. doi: 10.1093/ageing/afm194.

Dong, XinQi; Simon, Melissa A; Odwazny, Richard; et al. Depression and elder abuse and neglect among a community-dwelling Chinese elderly population. Journal of elder abuse & neglect 20 25-41 2008.

Response: Thank you for the useful references and we have added these very informative references to the introduction section. (See page 7 line 43; page 8 line 47)

The Biggs study excluded people with dementia who are most at risk and I think this study will too as

people in care homes or post stroke or with severe cognitive impairment are excluded. People with memory problems will not be able to answer their questions accurately and will of course worsen cognitively over the study.

Response: We agreed with the reviewer's comment. We have addressed the limitation for excluding older adults in care homes or post stroke or with severe cognitive impairment in this study (see page 27 line 32).

Is their questionnaire validated? They seem to have taken a questionnaire and changed it.

Response: Yes, we have included additional information of the validation procedures. This include translation procedures, draft questionnaire reviewed by panel of experts, face-to-face interviews with elderly and pretesting of the questionnaire. The final instrument showed moderate to good reliability and validity. Additional information are provided (page 15 Line 13).

The authors do not address as a limitation that they will not have accurate data about people with dementia

Response: Thank you for your helpful comments. We agreed that the lack of dementia data might possibly underestimate the magnitude of elder mistreatment and have addressed this limitation in the Discussion section (see page 27 line 30).

There is no analytic plan.

Response: Thank you for the helpful suggestion. We have included additional information on analytical plan. (see page 23 line 13)

The study is not registered although many prevalence studies are not.

Response: Thank you for the helpful suggestion. We had registered this observational study at our local national registry, the Malaysia National Medical Research Registry, before the conduct of the study. The study registration number is NMRR-12-1444-11726.

Reviewer: 3

Reviewer Name

James G O'Brien

Institution and Country

University of Louisville

Please state any competing interests or state 'None declared':

NONE

Please leave your comments for the authors below

Exceptional study. Study likely to yield new information regarding abuse and neglect in a rural setting in terms of prevalence, incidence, individual, family and social determinants and outcomes. This study is timely with the changing demographics because also there is no formal legislation regarding abuse and neglect in this South East Asian country. Extremely well done comprehensive prospective cohort study with 5 year follow up. Methodology strong and face to face interview with older adult and caregiver in home setting a definite strength. Also use of incentives gifts superior to money. Lessons learned use of locals whenever possible.

Response: Thank you to the reviewer for acknowledging the importance and timeliness of our study. This is certainly very positive and encouraging to our research team. Lessons learnt are described (page 27-30).

VERSION 2 – REVIEW

REVIEWER	James G. O'Brien, M.D. F.R.C.P.I Professor Emeritus in Geriatrics, Faculty Scholar Institute for Sustainable Health and Optimal Aging, University of Louisville, Louisville Ky. 40202
REVIEW RETURNED	02-May-2016
GENERAL COMMENTS	The authors responded satisfactorily to all the criticisms expressed by reviewers.