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OPEN PEER REVIEW

Quality of Life in Elderlies: A Cross-sectional and Field-based Study in Iran

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About this report

This open peer review (OPR) report shows the public comments made on this article during peer review, by the reviewers, the associate editor and the editor-in-chief, for every revision round, together with the authors' replies. Comments appear only with the consent of the people who wrote them. Reviewers who chose to sign their report are named; the others are shown as "Referee". Comments are edited for language only, and confidential remarks to the editors are not included.

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1 Original submission

1 comment · 6 Nov 2022

Associate Editor

MAJOR REVISION 6 Nov 2022

Major revision

2

Revision 1

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Quality of life in the Elders: A Cross sectional and Field-Based Study from Iran

Dear EIC, thanks for your constructive comments. We revised the manuscript and revised it as much as possible according to below points. Revised points were highlighted in the manuscript.

Reviewer 1:

Comment 1: the title "Quality of life in the Elders has not Been Regarded as much as their Life Span", should be changed to more relevant topic based on the study type that is cross sectional and descriptive study and not casualty. you mentioned "has not been regarded" while this claim need a retrospective approach.

Authors' Answers: Title was revised as: ***Quality of life in the Elders: A Cross sectional and Field-Based Study from Iran.***

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Comment 2: In the abstract you mentioned that "Quality of life (QOL) in the elderly people was not regarded as much as their life expectancy". its your result? what do you mean by this sentence? it is vague.

Authors' Answers: We meant that health policies and medicine's attention has been more on the longevity than quality of life (QOL). Life expectancy has been increased in recent decades, but QOL has not been focused or increased accordingly. This sentence was mentioned in the introduction of abstract and its full explanation was brought in the 1st paragraph of .manuscript

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Comment 3: Please enrich the background by bringing Iranian published articles that are not little. As your study looking at the contributing factors in QoL, so you have to point out these issue in the introduction to attract the audience attention for reading this article.

Authors' Answers: Two review studies (collectively included 77 articles) were added to the introduction.

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Comment 4: In the method, it is better to divide it to the subtitles such as participants and study context, data gathering method and tools, …. Moreover, the applied tools for demographic and health or diseases' status should be explained in the method. Also, please clarify how do you gathered the diseases' condition. Are the data collected was based on their self report or they were based on medical documents? In the method please explain what do you mean by sexual function or sexual problem in the elderly. Also, you mentioned Shraz has three main health networks, while it has two during recent years. the third one has closed several ?years ago. So, how do you select three centers from three networks

:Authors' Answers

.Headlines were added to the method part •

- In the 2nd – 3rd lines of data Gathering and tool part of method, explanatory sentence was completed regarding demographic and health or diseases' status. As it was explained medical (disease status) was queried by their self-report or their companion report.
- As it was mentioned in the data gathering and tool part of method, LEIPAD questionnaire in the its core component of QOL (CCQOL) has question about sexual function. It means sexual tendency and performance such as intercourse, … (Sexual problems such as impotency, …..)
- At the time of conducting this study, shiraz had 3 main health networks (Valfajr, Enghelab, Shohadaye-Gomnam), so we consider all of them in sampling method; which described in detail in the method part. As it was explained in the study design and sampling part of method,three health centers were selected by random sampling from the list of health centers in each health network.

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Comment 5: The tables need to be checked or extra explanation about some .numbers that is not matched with the total number of the participants

:Authors' Answers

In the table 1, there are seven variables which their total counts were less than total count of participants. We labeled them and at the table' footnote it was .explained

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Comment 6: Although discussion is written good but considering lots of published paper in Iran that assessed elderly QoL, so you have to compare your

results with similar context, Iran, rather than other countries specially developed countries. I don't mean that delete what you did so far, rather I recommend to .enrich discussion with more Iranian studies

:Authors' Answers

.Related articles from Iran were added to the discussion

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Comment 7: The most limitation of this study would be selection bias. You mentioned that the percentage of elderly who are not under coverage of public health centers are 5%, would you please mention your reference? I think it would be completely underestimate. Also, are they selected from different socioeconomic ?background to be representative of the Shirazi elderly

:Authors' Answers

- We queried from Health deputy of Shiraz University of Medical Sciences and they mentioned that due to implementation of family physician program, only about 5% of elderlies were not under coverage of health networks. Indeed, we should consider that this figure was related to non-registered elderlies in the family physician program. However, proportion of elderlies who did not refer actively to these centers and did not get services seems to be much more than 5%. In brief, in the sampling stage, we only needed to the list of registered ones, not who their records were active and get services.
- In selecting three centers from main health networks, we tried to select centers of different socioeconomic districts, and as table 1 shows, it seems that elderlies from different groups of community could participate in this study.

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Thank you again for the time you allocated for reviewing and .improving our article

B.Honarvar

2 Revision 1

1 comment · 2 Feb 2023

Referee 1 Reviewer

ACCEPT 2 Feb 2023

Thank you for the authors' response and modification.