

Mar 13, 2008

RE: NRES-D-07-00256, titled "Development and Testing of the Alzheimer's Disease and Related Dementias (AD-RD) Mood Scale"

Dear Dr. Tappen,

Recently you sent your manuscript for consideration by Nursing Research. The review of your manuscript is complete and the comments of the reviewers are listed below along with a checklist for style. You may revise your manuscript based on the reviews and resubmit the manuscript to Nursing Research for further consideration. I will verify that this has been done upon receipt of the revised manuscript. Reviewer #2 raises a number of important issues related to level of cognitive impairment of the sample that are important. Please be sure to address them.

Please include with your revised submission an itemized, point-by-point response to the comments of the reviewers. The revisions should be completed by Jun 11, 2008 to avoid being considered as a new submission.

To submit a revision, go to <http://nres.edmgr.com/> and log in as an Author. You will see a menu item called "Submission Needing Revision." Please click on this item to obtain your submission record and begin the revision process.

With Kind Regards,

Molly C. Dougherty, PhD, RN, FAAN  
Editor  
Nursing Research

Reviewer Comments:

Reviewer #1: Overall the manuscript is well written. There are a few points to consider. The authors make a good argument for evaluating both positive and negative mood, stating that a reduction in negative mood is not indicative of a positive outcome. In the conceptual framework they discuss the terms emotion, affect and mood, providing definitions that are very useful to the reader early in the paper. Under the definition of affect they introduce the DSM\_IV TR criteria for depression. It is unclear why this concept is introduced at this stage since the paper is about a mood scale and not depression.

Methods

Although at the beginning of the manuscript the authors state that most of the scales are not designed for moderately or severely cognitively impaired individuals, they go on later in the paper to discuss a scale designed for both unimpaired and impaired individuals. This seems inconsistent with the previous statement.

The discussion of the Dementia Mood Scale and the subsequent mean score noted is difficult to interpret. Discussion of the OERS needs clarification of the observer rating. Was this direct observation or proxy reporting?? In the summary section, the argument presented does not support the statement made. --"most researchers" is inconsistent with previous description. When discussing positive and negative mood, the authors state that most scales do not evaluate positive emotions. However, when evaluating all of the scales described it looks as if about half of them do evaluate positive emotions. Clarification would be helpful.

When describing the original test version of the AD\_RD Mood Scale the authors must specify if the observations over the previous seven days was direct observation or proxy reporting and by whom? How was the "mild to severely impaired" determined??

In describing Study 1, a Table would be most helpful to understand the material presented. All measures administered in a single session. How long did this take to administer??

Please explain why only Study 4 data was used for test-retest reliability.

Clearer concise information about the subjects would be helpful The information presented here is too general.

Discussion

"acceptable" levels of reliability. Please explain more fully.

"clinical diagnosis of Alzheimer's disease" What criteria were used for these diagnoses? What established criteria??

"subscale scores.. depressed versus nondepressed" should appear earlier in the paper and requires clarification.

Limitation: "trained rater" How long was the training.

At the end of the paper, the authors state "reduce accompanying problematic behaviors that may result from negative moods" The authors are making an underlying assumption that is not supported by empirical evidence. In fact, the origin of "problematic behavior" is likely multifactorial combining environment, physiological state and individual characteristics such as genotype.

Again overall well written with some need for clarification.

Reviewer #2: This manuscript reports on the development and psychometric testing of a new measure of mood of persons with dementia. I agree with the authors, such a measure is needed. Problems with validity and focus on pathology and negative moods in existing measures justify the need for this measure. I am certain that readers like me will welcome this new measure.

Overall, this is a strong manuscript. Strengths include the thorough review of existing measures, clarity of presentation (organization, style and quality of writing), and the research design and analyses. My comments and suggestions for improving the manuscript are mostly requests for additional information and justification of choices for testing reliability.

I do not completely understand how the scale is used. What training is needed for raters? The sample included persons who were able to provide their own consent and presumably could answer questions about their mood. Do raters ask the patient about their mood or is the rating based only on observation?

In the discussion section, there is new information about the diagnosis of participants. The authors might consider reporting common inclusion criteria for the sample in the methods section. Did everyone have some form of dementia or a clinical diagnosis of dementia? In study 4 the maximum MMSE was 24. It seems that some of the other studies also had a requirement of a maximum value on the MMSE. This is important to me as a reader because I want to be able to judge the authors' claim that this measure is valid across stages of dementia. What is the rationale for including persons with very mild dementia (MMSE scores as high as 29)? It seems to me that this inflates error because the scale is designed for persons with more severe dementia. Is it possible to provide descriptive statistics for key demographic and clinical variables for the overall sample?

Inter-rater reliability is reported for the pilot version of the scale but not for the revised version presented in this manuscript (p. 13, lines 12-16). It should be possible to calculate scores for the new scales from Study 2 data and report inter-rater reliability for the 5 subscales.

Test-retest reliability coefficients are not reported. The ANOVA results showing stable means do not provide evidence of test-retest reliability. (p. 13, line 17-19).

Which data (which studies) were used to test subscale homogeneity?

Please specify what coefficient was used for "validity coefficients" (p. 14, lines 5, 7, and 10).

The introduction emphasizes the difference between mood and emotion. This scale was developed to measure more enduring mood. The construct validity hypothesis testing provides an opportunity to examine whether this is the case. Do the authors think that correlations with the 10 minute OERS and the 2 week OERS support validity of the scale?

I am disappointed that the authors do not report any findings in relation to dementia severity. The authors argue for a need for measure that is appropriate for persons with moderate and advanced dementia. Not knowing the distribution of stages of dementia in the overall sample, it is difficult to accept the authors' claim that the scale is reliable and valid across stages of dementia. Were there differences in ADRD Mood Scale scores across severity of dementia? Most importantly, was the evidence of reliability and validity equally strong across severity of dementia? I think there is a large enough sample to do some preliminary analysis of subsamples (mild vs. moderate vs. severe or just moderate vs. severe depending on the distribution of MMSE scores in the overall sample). Are the reliability coefficients stable across severity of dementia?

I think the discussion section could be tightened. Some of the information is redundant with the presentation of methods and findings (e.g., the stories of item generation and item reduction). It seems to me that the important points for discussion are: (1) how this scale adds to existing scales; (2) the evidence of reliability (assuming reliability of the new scale is as good as reliability of the previous scale and test-retest reliability coefficients are acceptable); (3) the focus on positive and negative mood and not just on pathology; and (4) methodologic strengths such as the large sample size and the reporting of both reliability and validity testing. I think the authors' statement that the scale not being designed to identify pathology or clinical diagnosis is a limitation of the study runs counter to their argument that mood is not necessarily pathology. I think this is a strength of the scale, not a limitation. Perhaps the authors intended this to be a discussion of whether the scale has clinical utility in its current form or whether it is intended solely for research purposes. This wasn't clear to me.

The organization, style of presentation, and quality of writing make this manuscript easy to read. I have a few minor suggestions that may improve clarity.

The phrase "severely demented subjects" (p. 5, line 11) might be replaced by "severely impaired subjects" (as per line 22) or "subjects with severe dementia. The short form "DMAS" used for one scale on p. 7, line 16 was confusing. There are so many short forms for scales, I couldn't remember what DMAS stood for. I think the quote "likes to do thing" should be "likes to do things" (p. 8, line 19).

Reviewer #3: The purpose of this study was to design and test a new measure of both positive and negativemood in individuals aged 55 or older with AD/RD. This paper does a nice job explaining what instruments are available and what they are used for as well as limitations or these instruments. Terms are clearly defined and multiple, appropriate and comprehensive steps in tool development were followed. Results are clearly presented. I would be interested in hearing how raters need to be trained and where the tool can be viewed. Otherwise it was a well written paper.

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CHECKLIST FOR STYLE

Title Page

Remove abbreviations from the title.

Abstract

Supply 2-3 keywords; use MeSH guidelines if possible.

References:

Update REFERENCE LIST using APA 5th Ed. format. In particular,

After the 6th author's name and initial, use et al. to indicate the remaining authors of the article (i.e., Albert; Bergdahl; Yesavage; & Sunderland).

Update in-text CITATIONS using APA 5th Ed. Format (The Publication Manual of the American Psychological Association, 5th Edition, pp. 208-209). In particular:

For 6 or more authors, use only the first author's name with et al. (e.g., Lawton; Sheikh).

Check spelling for Lodgson (or Logsdon?).

#### Tables

Define all abbreviations used in table 1 (ie AD-RD) and Table 3...