LETTERS

Regarding “Effectiveness of Intensive Primary Care Interventions: A Systematic Review”

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Dr. Ekdahl correctly points out that, in Table 4 of our article, we incorrectly recorded the impact on hospitalization and length of stay from her 2015 study¹ as “not reported.” In fact, Dr. Ekdahl’s 2015 study reported a non-significant reduction in hospitalizations (mean of 2.1 vs. 2.4 over 24 months, $p = 0.212$) and a reduction in average length of stay (mean of 11.1 days vs. 15.2 days over 24 months, $p = 0.035$).² Of note, in the results section of our review, we described the reduction in length of stay correctly. We have corrected Table 4 for inclusion as an erratum and include several edits for improved clarity. We apologize for the error. Overall, this error does not affect the conclusions of our systematic review.

In Table 2 of our review, we reported the sample size for each included study. For randomized controlled trials, we typically reported the number of patients originally randomized, after exclusion criteria were applied. In the case of Dr. Ekdahl’s 2015 study, the number of patients reported as originally randomized was 844, but exclusion criteria were applied after randomization. Of these 844 patients, 55% were excluded, with more patients excluded from the treatment group than the control group. Given the high level of post-randomization exclusion and our lack of clarity about the enrollment process, we were not certain that the 382 patients reported as enrolled in the abstract represented a number comparable to other randomized controlled trials in our review. For this reason,

we reported the sample size of Dr. Ekdahl’s study as 252 patients, as this was the number of patients that completed follow-up.

Regarding Dr. Ekdahl’s 2016 follow-up study,³ the search algorithm we used for our review did not identify it. As we described in our review, this topic was challenging to search for as there is no standard nomenclature on this topic and the keywords varied slightly between Dr. Ekdahl’s 2015 and 2016 studies. As systematic reviews represent a snapshot of evidence at a moment in time and are often updated as new evidence emerges,⁴ we anticipate that Dr. Ekdahl’s 2016 paper will be considered in a future updated review of intensive primary care interventions.

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Compliance with Ethical Standards:

Conflict of Interest: The authors declare that they do not have a conflict of interest.

REFERENCES

1. Edwards ST, Peterson K, Chan B, Anderson J, Helfand M. Effectiveness of Intensive Primary Care Interventions: A Systematic Review. *J Gen Intern Med* 2017.
2. Ekdahl AW, Wirehn AB, Alwin J, et al. Costs and Effects of an Ambulatory Geriatric Unit (the AGE-FTT Study): A Randomized Controlled Trial. *J Am Med Dir Assoc* 2015;16(6):497–503.
3. Ekdahl AW, Alwin J, Eckerblad J, et al. Long-Term Evaluation of the Ambulatory Geriatric Assessment: A Frailty Intervention Trial (AGE-FTT): Clinical Outcomes and Total Costs After 36 Months. *J Am Med Dir Assoc* 2016;17(3):263–268.
4. Garner P, Hopewell S, Chandler J, et al. When and how to update systematic reviews: consensus and checklist. *BMJ* 2016;354:i3507.