

Peer Review File

Article Information: <https://dx.doi.org/10.21037/apm-23-503>

Review comments

This is a very comprehensive review of an important subject. The authors have addressed in-depth many important issues. I have a few comments and suggestions.

- 1) The authors may summarize their main points and take-off messages in a Table added
- 2) The authors should discuss more the specific issues regarding palliative care in dementia patients, including the difficulty in estimating the prognosis of those patients and issues of quality of life/life expectancy. This is mentioned but should be discussed more.

Added-. In addition, it is difficult to prognosticate the decline in these patients as dementia stage, type of dementia, comorbidities and level of support varies in every patient

3) Specific comments

Line 206: "This becomes especially important when advanced dementia patients refuse treatment want to write advanced directives."

I do not think it is feasible for patients with advanced dementia (according to the definition of the advanced stage of dementia to write advanced directives. This should be done at the earlier stages of dementia. The authors should review their manuscript and distinguish between issues relating to advanced dementia and matters relating to earlier stages of dementia.

I agree that patients with advanced dementia cannot write their advance directive, hence we feel that in a situation where the patient does want to do so, a capacity evaluation should be performed. The sentence is written in context of why capacity evaluation is needed in advanced dementia.

Line 273: Regarding the risk of antimicrobial resistance. I think that in addition to the risk to the person with advanced dementia, the risk to other patients in the hospital/long-term facility should be emphasized.

Added - This is especially significant when the patient is residing in a long-term care facility, a nursing home, a residential home or is admitted in a hospital as it can help spread MDRO's to other residents, patients and hospital equipment which represents a public health threat.

Line 290: "Antibiotics should be discontinued once the urine analysis and culture result come back negative." I assume you mean the initial cultures (before antimicrobial initiation) become negative, not repeated urine cultures. This should be clear/

Added - the initial urine analysis and culture (collected before starting the antibiotics)

Line 401: To the list of medications in addition to antiplatelet agents I would add the risk/benefit of anticoagulation in those patients.

Added- The use of anti-coagulation medications pose a challenge as symptoms from stroke, deep vein thrombosis and dyspnea can affect quality of life but use of these medications can increase risk of bleeding at end-of-life.

Line 410: Criteria like Beers criteria are useful but those criteria are not always applicable for patients in palliative care.

Agree with above comment, we think it is still a valuable resource for non-geriatric, non-palliative care physician and can help them in deciding which medications to de-prescribe