



SDI Review Form 1.6

Journal Name:	<u>British Journal of Medicine and Medical Research</u>
Manuscript Number:	2015_BJMMR_18618
Title of the Manuscript:	Unappreciated Cognitive Dysfunction is Common Among Patients Hospitalized with Cardiovascular Disease
Type of the Article	

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	It is a well written manuscript dealing with a topic of importance. The article can be published after some minor revisions. Further analysis of the findings is needed in order to find risk factors for cognitive dysfunction (differences according to age groups, sex etc) Relative literature data, if there are, should be added in the discussion A paragraph with the clinical implications is needed Why there is no control group? Please explain	Please see the addition of the following paragraph: "A clear limitation of this study is the modest sample size acquired as a convenience sample at a single institution. The representative nature of the hospital and patients mitigates this, but only in part. This data does establish the prevalence of clinically important unappreciated cognitive dysfunction in these patients and should serve as an stimulus for additional, larger investigations. This modest sample size precludes robust multivariate analyses, such as those of baseline demographics (e.g. age, gender), comorbidities (e.g. common coronary or other vascular risk factors), or therapy (e.g. medication use). We anticipate future studies of these important factors." We have limited most of the relative literature data to the Introduction but refer back to it in the Discussion. There is also relevant literature data discussed in the Conclusion.



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		We believe that the paragraph below found in the Conclusion section adequately describes the clinical implications of the study: “Cognitive dysfunction likely impedes patients from participating in longitudinal care and comprehension of health education, with significantly increased potential for rehospitalizations. Future studies will address the determinants of cognitive dysfunction and better clarify the time course of the dysfunction, both in acute hospitalization and transition to outpatient care. Such studies will contribute to tailoring the delivery of education to optimize patient understanding, as well as offering a means of improving patient satisfaction. The implications for individual patients, caregivers, and the public health system are promising.” We discussed why the study did not recruit a control group in the following section found under Methodology: “Neuropsychiatric Normative Data and Validity All neuropsychiatric assessments utilized for the study were well validated in age,
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		socioeconomic, and education matched control populations alleviating the need to recruit normative data from a control population.”
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		