



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	- the small sample size is a limitation of this study. Please discuss such a point in a dedicated limitation section. - please perform a post-hoc sample size calculation. - the use of a questionnaire is a further limitation of this study. Please discuss such a point in a dedicated limitation section. - cardiovascular risk factors should be introduced and defined as they can influence results. - a multivariate regression model should be performed. - pharmacological treatments should be considered and included in the multivariate regression model.	Please note 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." There is no specific mention of utilizing questionnaires in the Methods section. Cardiovascular risk is discussed in 2 ways in the paper. A discussion of primary admission criteria occurs in the results section as well as Figure 1. The Charlson Comorbidity Index is also discussed on the results which is heavily impacted by cardiovascular risk. In regards to performing further



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		multivariate analysis please note the following passage: “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.” The minimal impact of Pharmacological therapy on cognitive dysfunction is noted in the following passage: “To ensure that medications were not influencing cognitive testing, we collected data on the medication administration of all narcotic and sedatives and invasive procedures. Fewer than 3.1% of patients received opioids, benzodiazepines, antihistamines, or anti-cholinergic medications and no participants received medications during the 4 hours prior to cognitive testing. Therefore, medication side effects were unlikely to account for substantial cognitive dysfunction in this population.”
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<u>Minor</u> REVISION comments	- Supplemental table 1 is confused. Please refined it.	Please note that supplemental Table 1 and 2 is intended to supplement Figure 2. By providing more detail. This table demonstrates specific cut-offs for clinically significant abnormal cognitive test and the number of standard deviations that are abnormal. Furthermore the specific number of participants that performed each test is demonstrated which provides further information regarding loss to follow-up from admission to discharge.
<u>Optional/General</u> comments		