

**Review Form 1.6**

Journal Name:	<a href="#">International Neuropsychiatric Disease Journal</a>
Manuscript Number:	Ms_INDJ_85102
Title of the Manuscript:	Depression as a risk factor for dementia in older people with type 2 diabetes and the mediating effect of inflammation
Type of the Article	Original Research 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:

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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)
<u>Compulsory</u> REVISION comments	<p>The article is very interesting, raises an important issue related to the functioning of people suffering from diabetes, all its sections are correctly structured. However, it requires many corrections and additions.</p> <p>Explanations of abbreviations should be inserted in the first place of their use, for example "DM", "MoCA", "BMI", HbA1c".</p> <p>In the whole manuscript Authors should use a uniform name for the tool used to assess the depressive symptoms: "Beck's Depression Inventory scale" (name used in section "Abstract"), "Arabic version of the Zung Self-Rating Depression Scale" (name used in section "2. Patients and Methods") and "Beck's Depression Scale" (name used in section "4. Discussion"). The given names used in the manuscript are not identical and do not refer to the same instrument.</p> <p>I have provided comments on the individual sections of the manuscript below.</p> <p><b>Abstract</b> In section „Methods" the word "four" in the last sentence should be changed to "three" because there are three indicators of inflammation, not four. In section "Results" font size should be standardized. The content of the "Conclusion" section does not match the content of the section "5. Conclusion" at the end of the manuscript. In section "Key words" I suggest putting the full name "diabetes mellitus" instead of the abbreviation "DM".</p> <p><b>Section "1. Introduction"</b> The second sentence in the fourth paragraph seems incomplete ("The relation between metabolism of beta amyloid and tau proteins has not explained till now, so it must be focused at (8).").</p> <p><b>Section "2. Patients and Methods"</b> It would be advisable to include the "inclusion criteria" for study participants and the date of the study, data collection. This section should be completed with information on the origin of the data used by the authors, for example, such as gender, age, weight, height, comorbidities, and others. I understand that this data came from patient cards, but it requires clarification. In addition, I would suggest that you provide detailed information on what patient data was obtained and used in the study. There was an unnecessary dot in the middle of the sentence in the last sentence of the last paragraph. Section "Statistical analysis" – for which p-value significant level was considered?</p> <p><b>Section "3. Results"</b> The third and fourth sentences in the first paragraph require correction.</p> <p><b>Section "4. Discussion"</b> The first sentence of the third paragraph should be broken down into two sentences, because in its current wording it is definitely too long and convoluted. In the third sentence of the third paragraph, the word "Link" has been unnecessarily inserted in the middle of this sentence. The abbreviation "MCI" used at the beginning of the fifth paragraph requires explanation.</p>	Modified as suggestion

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	<p>The last sentence in the seventh paragraph seems to be false, the quoted authors of the work do not “refuted this assumed link”, but only questioned, pointing to the limitations of such inference.</p> <p>Section “References” includes 28 items of literature, 12 of which are up-to-date, i.e. from the last 10 years. There are many items from before 2000. It seems that this section could contain more current references.</p> <p><b>Figures and tables</b> All tables should contain a uniform designation: “P-value” or “p-value” or “P-Value”. All tables should include explanations of the abbreviations they contain (table 1: “NS” and “BMI”; table 2: “MoCA” and “*”; table 3: “NS”; table 4: “NS” and “DM”; table 5: “ESR” and “CRP”). Figure 1 - do you need such a large graph showing only two data? Table 2 - the first row of the table contains incorrect terms. Terms included: “Preserved cognition” and “Impaired cognition” are the interpretation of the data contained in the table. Here should be terms for group names. In addition, the term in the second row (“MoCA tests scores”) could be on the first row - as the header of the first column. In the header of Table 4, replace "DM" with the full name. In Table 5, insert units for the parameters “CRP” and “Fibrinogen”.</p>	
<b>Minor</b> REVISION comments	<p>References list not have been fully prepared according to the rules for the International Neuropsychiatric Disease Journal. The list of references must be standardized and adapted to the editorial requirements of the Journal. I don't feel qualified to judge about the English language and style but I think that the minor spell check is required. Throughout the manuscript, unnecessary capital letters should be deleted, elsewhere, lowercase letters should be capitalized. In the whole manuscript, editorial corrections must be made, mainly the way of placing spaces should be improved.</p>	Corrected
<b>Optional/General</b> comments	<p>Section “3. Results” It would be worth supplementing with data on the basic parameters of blood pressure control, kidney function and lipid profile due to the risk factors for developing dementia (hypertension and hyperlipidemia) as well as due to an existing disease, i.e. diabetes mellitus. Inflammatory status indicators used by the authors are generally accepted and recognized indicators. Therefore, I believe that it would be good to interpret the results of the determinations of these parameters, i.e. to compare them with the reference ranges. This would make it possible to assess whether the obtained results indicate inflammation or not. Likewise, HbA1c results - reference to current recommendations.</p>	Noted

## PART 2:

	<b>Reviewer's comment</b>	<b>Author's comment</b> (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)
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	