

Review Form 1.6

Journal Name:	Journal of Pharmaceutical Research International
Manuscript Number:	Ms_JPRI_87401
Title of the Manuscript:	INCIDENCE OF NEW-ONSET ATRIAL FIBRILLATION IN PATIENTS PRESENTING WITH ACUTE ST-ELEVATION MYOCARDIAL INFARCTION
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:

(<https://www.journalipri.com/index.php/JPRI/editorial-policy>)

Review Form 1.6

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	<ul style="list-style-type: none">- The author chooses BMI >24 as the cut-off point for analysis. Can you explain why? A normal weight should be 18.5 – 24.9.- The author mentioned, “Based on our results, parameters which would be associated with shorter and older declines in AF new-onset were decreased AMI, thrombolysis, lower left ventricular wall movement index, increased left ventricular outflow fraction (LVEF), lower heart rate, small left atrial size, and less frequent heart failure.” In the discussion. First, please explain what you mean by shorter and older declines in AF new onset? Secondly, all the information mentioned above was not included in the result. Can you explain this?- The author mentioned, “However, one of the key findings of this study is that the newly developed atrial fibrillation aggravating STEMI-induced myocardial infarction is unrelated to reperfusion strategies. Both groups achieved reperfusion, and there was no difference in the type of reperfusion, and there was no difference in the number of affected or treated groups.” This result again was not mentioned in the RESULT. Can you clarify what the number of successful reperfusion in your study is?- Please explain why your study showed the opposite in smoking status → AFib as compared to other studies. At least some reasoning.- In the summary, the author mentioned that “It is to be concluded that, as per our findings, the prevalence of new-onset of atrial fibrillation was found to be high in elderly age group patients.”, however in the result, it was reported that younger patient had more AF compare to the elderly. Please explain	
Minor REVISION comments	<ul style="list-style-type: none">- I wonder why the author chooses to exclude LVEF <20%.- Is alcohol history elicited since alcohol is a possible risk factor for afib?- Can you clarify “The use of interventional coronary arteries is associated with a significant reduction in the incidence of atrial fibrillation”?- Multiple grammar and spelling errors. Ex.: “In AF complicating STEMI signed with heart rate or rhythm control have bene referenced very low number in literature.”	
Optional/General comments	Please correct all the grammar and spelling error before submission.	

PART 2:

	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)
Are there ethical issues in this manuscript?	<u>(If yes, Kindly please write down the ethical issues here in details)</u>	

Reviewer Details:

Name:	Kim Heng Shee
Department, University & Country	Okamura Memorial Hospital, Hospital Sultanah Aminah, Malaysia