

Review Form 1.6

Journal Name:	Journal of Pharmaceutical Research International
Manuscript Number:	Ms_JPRI_79305
Title of the Manuscript:	A cross-sectional study to investigate the association of depression among COPD patients at a secondary care hospital in Nilgiris
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)
Compulsory REVISION comments	<p>Introduction:</p> <ol style="list-style-type: none"> 1. Despite commenting on the close relationship between COPD and smoking during the introduction, no differences in the results are shown. 2. Despite commenting on the close relationship between COPD and depression during the introduction, only one reference is included. I suggest including more in relation to the topic. 3. "Symptoms of COPD are both distressing and disabling, resulting in limited exercise tolerance, interfering with the basic daily activities of life, which ultimately leads to impaired quality of life". But what are the symptoms? 4. the severity of the symptoms and the evolution of the pathology are not taken into account. 5. if steroids medication is important... why are they not valued as an outcome? 6. "There are various scales used to diagnose depression, such as Hamilton Depression Scale (HAM-D), GDS scale, Body Index etc". However, only the HAM-D scale is used, I think it would be interesting to see how the results vary when using another scale. furthermore, no references are included to justify its use in this population or studies on validity and reliability. 7. "However, theories focus on genetic predisposition, the impact of chronic illness, lack of social support and nicotine dependence". However: How do you assess the social impact and how do you assess nicotine consumption and generic predisposition? <p>Methods:</p> <ol style="list-style-type: none"> 1. Why is the sample size 82? How do you demonstrate that this is the necessary sample size? 2. Different degrees of COPD evolution are not taken into account. I suggest you review the GOLD scale and keep it in mind. <p>Results:</p> <ol style="list-style-type: none"> 1. Patients are very disparate in age and gender. is a very heterogeneous sample in terms of sociodemographic factors. 2. Check the content of the tables. the results do not add up. the number corresponding to each cell is wrong (based on the total number of the sample 3. "This was because, in the Nilgiris district, a greater number of males were found to be affected with COPD owing to smoking and occupation". is not included in the results tables. 4. Although significant results are shown for the relationship between COPD and depression, this should be interpreted with caution due to the large heterogeneity shown in Table 1. 5. "This study aims to assess and evaluate the association of depression among COPD patients using the Hamilton Depression Scale (HAM-D)". Although this is the main objective, neither the correlation results nor the P-value are shown in the table. <p>Discussion:</p> <ol style="list-style-type: none"> 1. If hypoxia is such an important factor, why is it not assessed in the methodology or taken into account in the introduction? 2. Just because you get older? The degree of the disease must also be taken into account. 3. If they receive treatment, why is it not reflected in the results? <p>Conclusion:</p> <ol style="list-style-type: none"> 1. It is concluded that COPD and alcoholism are associated but in the discussion it is determined that it is a confounding variable. It is inconsistent <p>the manuscript does not provide sufficient information. I find that corrections to meet information requirements are needed before the manuscript can be processed further.</p>	

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<p>Minor REVISION comments</p>	<p>Title: 1. I suggest writing a title that is more appropriate to the content.</p> <p>Methods: 1. Inclusion criteria: it would be of interest to establish two distinct groups, hospitalized patients on the one hand and outpatients on the other. The fact of being hospitalized may influence the development of anxiety and depression.</p> <p>Results: 1. The amount of alcohol and cigarettes is not determined, but it is interesting to have more information about the population. 2. Eating habits are classified as vegetarian and non-vegetarian. What difference does it make?</p> <p>Discussion: 1. The first paragraph does not discuss anything, it corresponds to the intro. It would be better to start by reminding us of the objective of the study so that we can begin to discuss with other articles already published and related to the subject. 2. It would be important to take into account since when they drink, whether it is before or after the pathology and the quantity.</p>	
<p>Optional/General comments</p>	<p>Introduction: 1. The sentence: "The chronic disease initially affects the lungs and gradually spreads to extrapulmonary if treatment is not adequate" Is not coherent</p>	

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

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