

PEER-REVIEW REPORT

Name of journal: *World Journal of Cardiology*

Manuscript NO: 84565

Title: Virtual patient education for hypertension: The truth about behavioral change

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06414665

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Brazil

Author's Country/Territory: United States

Manuscript submission date: 2023-03-19

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-04-04 10:35

Reviewer performed review: 2023-04-12 10:37

Review time: 8 Days

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input checked="" type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

General Comments: This manuscript is a comment on a study by Andrianto et al. published in December 2022 in World Journal of Cardiology. It provides a nice summary and notes some of the limitations of the study. Specific Comments: Page 3, line 20: “practice change” should be “practice to change”. Alternatively, it should be “behavior change”.

PEER-REVIEW REPORT

Name of journal: *World Journal of Cardiology*

Manuscript NO: 84565

Title: Virtual patient education for hypertension: The truth about behavioral change

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04227304

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Israel

Author's Country/Territory: United States

Manuscript submission date: 2023-03-19

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-04-27 03:57

Reviewer performed review: 2023-04-27 19:27

Review time: 15 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Thank you for the opportunity to review this interesting letter to the editor. The letter addresses the article by Andrianto et al. and describe their main findings and to the gap between the positive results in hypertension knowledge compared with the negative results in patient behavior. The letter is well written, comprehensive and highly relevant to the mentioned article. I have some suggestions to improve the paper: 1. There are minor grammar or word issues in the abstract. Examples: "pandemic more emphasized", "health interventions to...", "These studies are promising...". 2. The authors describe the possible use of mobile applications and online education tools to provide education. I think that they should include examples for the ability of older adults (which are usually those in need of such education) to use online tools for this purpose. I recommend them to use the following paper which describe this issue in details: <https://pubmed.ncbi.nlm.nih.gov/28495336/> 3. The authors discuss in details the DASH diet, while I do not understand the reason for it. I really think this part could be shorter and not really relevant to their point. I agree that setting a 10 mmHg might be too much. The fact that most practice items (Table 5 in the manuscript) were not changed



**Baishideng
Publishing
Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

after the intervention reflects its low effect on clinical outcomes. 4. I find the issue of primary vs. secondary hypertension to be very interesting and I praise the authors for it.