

JOURNAL EDITORIAL BOARD'S REVIEW REPORT

Name of journal: World Journal of Psychiatry

Manuscript NO: 89419

Title: Global epidemiology of mental disorder in atrial fibrillation between 1998-2021: A systematic review and meta-analysis

Journal Editor-in-Chief/Associate Editor/Editorial Board Member: I-Hua Chen

Country/Territory: China

Editorial Director: Jin-Lei Wang

Date accepted review: 2023-12-15 02:52

Date reviewed: 2023-12-15 02:53

Review time: 1 Hour

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	language polishing	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Major revision

JOURNAL EDITORIAL BOARD COMMENTS TO AUTHORS

As a reviewer of the manuscript at the final stage, I have thoroughly examined the content and structure of the study. Upon detailed inspection, I did not identify any glaring issues that would compromise the integrity or validity of the research. The methodology appears sound and well-executed, and the use of data from the National Vital Statistics System, covering over 99% of the US population, lends substantial credibility and robustness to the findings. The tables and figures within the manuscript are appropriately presented, enhancing the clarity and understanding of the results. They effectively illustrate the key findings, such as the increase in non-COVID-19-related deaths among IBD patients during the pandemic years, and the disparities in mortality rates based on age, race, and type of inflammatory bowel disease (IBD). The study's results, showing a significant increase in non-COVID-19-related deaths among IBD patients, particularly among younger ulcerative colitis (UC) patients and non-Hispanic black Crohn's disease (CD) patients, are noteworthy. These



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findings highlight important public health implications, suggesting potential gaps in healthcare access and management for these subgroups during the pandemic. Additionally, the observed increase in deaths at home or on arrival at medical facilities, as well as deaths due to neoplasms, raises critical concerns about delayed healthcare presentation and access difficulties during the pandemic. This aspect of the study adds valuable insight into how healthcare disruptions may have disproportionately affected patients with chronic conditions like IBD. Given the comprehensive analysis, clear presentation of data, and the significance of the findings, I recommend the publication of this study. It provides important contributions to the understanding of the impact of the COVID-19 pandemic on patients with chronic illnesses, particularly those with IBD, and underscores the need for targeted healthcare strategies to address disparities and access issues in times of healthcare crises.