



**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Meta-Analysis

**Manuscript NO:** 48134

**Title:** Blood glucose control in the intensive care unit: Where is the data?

**Reviewer's code:** 03469767

**Reviewer's country:** Iran

**Science editor:** Ying Dou

**Reviewer accepted review:** 2019-05-30 10:39

**Reviewer performed review:** 2019-06-02 07:12

**Review time:** 2 Days and 20 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input checked="" type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input checked="" type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

the material and methods of this article does not have enough quality

**INITIAL REVIEW OF THE MANUSCRIPT**

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**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Meta-Analysis

**Manuscript NO:** 48134

**Title:** Blood glucose control in the intensive care unit: Where is the data?

**Reviewer's code:** 02541960

**Reviewer's country:** Japan

**Science editor:** Ying Dou

**Reviewer accepted review:** 2019-06-11 23:54

**Reviewer performed review:** 2019-06-23 02:32

**Review time:** 11 Days and 2 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

This mini review focuses on the management of blood glucose in the ICU, which is very important particularly in terms of increased hospital mortality. The contents sound interesting and are worthy of publication, because the evidence is limited. However, some issues below should be addressed by adding some discussion or depicting a new



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table or figure. 1 Most patients in the ICU may undergo non-oral parenteral alimentation. Such non-oral alimentation aggravates glucose control, especially in case of total parenteral nutrition including high amount of glucose, which directly rises blood glucose level. 2 By contrast, baseline malnutrition and underweight may predispose to higher incident of hypoglycemia compared to overweight or obesity. 3 Age is an important factor that should be considered for intensive insulin therapy, because the incident of hypoglycemia is higher in older people than younger people.

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**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Meta-Analysis

**Manuscript NO:** 48134

**Title:** Blood glucose control in the intensive care unit: Where is the data?

**Reviewer’s code:** 03460306

**Reviewer’s country:** Japan

**Science editor:** Ying Dou

**Reviewer accepted review:** 2019-06-28 04:54

**Reviewer performed review:** 2019-06-30 07:22

**Review time:** 2 Days and 2 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer’s expertise on the
<input checked="" type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input checked="" type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

This is a review article regarding blood glucose control in the ICU. Although the review was concisely written, the purpose of the review was unclear. The clinical message of the authors was not clearly described in the abstract as well as core tips. Unfortunately, this article seems to add little information in this field.



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**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Meta-Analysis

**Manuscript NO:** 48134

**Title:** Blood glucose control in the intensive care unit: Where is the data?

**Reviewer's code:** 03372021

**Reviewer's country:** China

**Science editor:** Ying Dou

**Reviewer accepted review:** 2019-06-28 06:49

**Reviewer performed review:** 2019-07-02 13:07

**Review time:** 4 Days and 6 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
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publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input checked="" type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

The authors focused on the topic of appropriate blood glucose control that was ignored by many intensive care unit (ICU) clinicians by searching PubMed™. It is difficult to control blood glucose at optimal levels without hyperglycemia or hypoglycemia. Both of them would have a significant effect on clinical outcomes as well as hospitalization



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expenses. The authors concluded several guideline recommendations on glucose control and compared different management criteria for blood glucose in critical patients. They also introduced the development of glycemic monitoring methods of critical patients. Tight and moderate glycemic control had a distinctive effect on patients with different primary conditions. At the end of this article, the authors put forward the requirements for ICU clinicians, and they believed that blood glucose monitoring and treatment would be more scientific and standardized. The authors failed to provide detailed information, which was necessary for readers to understand this topic in many aspects maybe due to the short length of the review article. 1. The authors should pay more attention to the subtitle of this review article. The subtitle 'GLUCOSE MONITORING AND INSULIN THERAPY IN CRITICALLY ILL PATIENTS' and 'CURRENT GLYCEMIC MONITORING BG TECHNOLOGY' seem very similar and may confuse the readers. The former mainly focus on comparing differences in outcomes from a different level of treatment objectives while the later-described blood glucose monitoring methods. Similar to this problem, in Part 'BLOOD GLUCOSE CONTROL IN DIABETIC PATIENTS IN THE ICU', the authors introduced blood glucose control not only in diabetic patients. However, they compared the blood glucose control level of patients with diabetes and non-diabetic critical patients in detail. 2. When it comes to cost-effectiveness, the authors described two kinds of blood glucose methods and advocated the second method due to reduced nursing staff fatigue and shortened treatment time for an abnormal level of blood glucose. However, in Part 'cost-effectiveness', there were short of detailed comparisons. The cost-effectiveness of different levels of treatment objectives or different guideline recommendations should be compared. 3. Would be better to put the Part 'complications' into Part 'introduction'. It is illogical to introduce clinical complications after the introduction of a significant number of attempts to find the best way to monitor and control blood glucose. 4. The



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authors studied only one electronic database to screen literature. Moreover, they excluded articles, which could only get abstract in PubMed. In order to make the review article more comprehensive, another influential electronic database should be utilized. 5. The article mentioned 'critically ill patients' many times without giving a clear definition of it. Whether a patient is a critically ill patient with severe hyperglycemia as a primary disease? The patient who was repeatedly injected with insulin by mistake is also in danger of life. 6. The mean blood glucose has an interesting distinction between surgical ICUs and the medical ICUs. Please try to make some explanations of this distinction. 7. Authors should provide more information for controlled trials done by Van den Berghe and associates for a better understanding of experimental results. Are patients in the experience group treated with non-rigorous glucose control? 8. The authors should further clarify the features of COIITSS study. Was the COIITSS study multi-center or single-center? How many patients were selected? 9. In order to facilitate understanding, the authors should briefly introduce the method of calculation for a total time below 70mg/dL in intermittent groups in the trails run by Preiser et al.

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