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PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 69970

Title: Prevalence of depression and anxiety and associated factors among geriatric orthopedic trauma inpatients: A cross-sectional study

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03887097

Position: Editorial Board

Academic degree: MBBS, MSc

Professional title: Doctor

Reviewer's Country/Territory: Singapore

Author's Country/Territory: China

Manuscript submission date: 2021-07-18

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-07-19 05:37

Reviewer performed review: 2021-07-19 05:51

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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 type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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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
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SPECIFIC COMMENTS TO AUTHORS

Major revisions advised. Specific comments: 1. Is HEI a validated screening tool? Please provide some references to support its clinical use. 2. How was the sample size determined? There was no evidence of sample size calculations. 3. In terms of the study inclusion and exclusion criteria, were patients with acute trauma resulting in a central nervous system disorder; other severe stress events that occurred during treatment; symptoms of mental illness or a history of mental illness also eligible for study inclusion? More details are necessary. 4. Were patients with more severe traumatic injuries and also those who required emergency life- or limb-saving surgeries predictive of higher emotional distress scores? 5. Besides anxiety and depression, acute stress disorders should be considered as well (citation: [ncbi.nlm.nih.gov/pmc/articles/PMC7678499](https://pubmed.ncbi.nlm.nih.gov/pmc/articles/PMC7678499)). Consistent with this presumption is evidence that ASD is associated with the following characteristics: History of a preexisting psychiatric disorder, history of traumatic exposures prior to recent exposure, female gender, trauma severity, neuroticism and avoidant coping. 6. Depression runs an entire clinical spectrum from mild to severe. In clinical practice, we know that there are genetic and neurobiological studies lending support to the notion that these conditions are not discrete categories but rather, have common biological underpinnings and may form at least part of a continuum or affective disorder spectrum (citation: pubmed.ncbi.nlm.nih.gov/32557983). This should be at least briefly mentioned as it has important implications for research and treatment. 7. Please change "screen for intervention in high-risk groups" to "screen for anxiety and depression in higher risk groups." 8. As a good practice, the underlying data should be made publicly available. If this was not possible, please provide a reason why.



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