

# PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 76923

Title: Beta receptor blocker therapy for the elderly in the coronavirus disease 2019 era

Provenance and peer review: Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

Reviewer's code: 02894577

**Position:** Editorial Board

Academic degree: MD, PhD

Professional title: Chief Doctor, Chief Physician, Doctor, Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Italy

Manuscript submission date: 2022-04-06

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-04-10 11:01

Reviewer performed review: 2022-04-10 11:23

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	<ul> <li>[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing</li> <li>[ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection</li> </ul>
Conclusion	<ul> <li>[ ] Accept (High priority) [ ] Accept (General priority)</li> <li>[ ] Minor revision [ Y] Major revision [ ] Rejection</li> </ul>
Re-review	[Y]Yes []No
Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous



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statements

Conflicts-of-Interest: [ ] Yes [Y] No

#### SPECIFIC COMMENTS TO AUTHORS

The manuscript entitled "Beta receptor blocker therapy for the elderly in the coronavirus disease 2019 era" aims to outline the most important evidence available in the literature on the usefulness of beta blocker therapy for older patients in the context of the COVID-19 pandemic. The manuscript is written well; however, it has a number of limitations. 1. The current review just summarized the published results and conclusions. No perspective views were included. 2. Figure 1 is not clear enough. 3. Lack of therapy strategies discussion. 4. Lack of large-scale clinical trials results and discussion.



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**Peer-review model:** Single blind

Reviewer's code: 05627135

**Position:** Peer Reviewer

Academic degree: PhD, RN

**Professional title:** Lecturer

Reviewer's Country/Territory: Thailand

Author's Country/Territory: Italy

Manuscript submission date: 2022-04-06

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-05-16 01:29

Reviewer performed review: 2022-05-16 01:39

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[Y] Accept (High priority) [] Accept (General priority) [] Minor revision [] Major revision [] Rejection
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#### SPECIFIC COMMENTS TO AUTHORS

Thanks to the author's efforts on the manuscript, which provides effective information. I

don't think there is any problem with the manuscript



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Provenance and peer review: Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

Reviewer's code: 06136197

**Position:** Peer Reviewer

Academic degree: BSc, RN

Professional title: Academic Research, BSN, Chief Nurse, Nurse, Researcher

Reviewer's Country/Territory: Iraq

Author's Country/Territory: Italy

Manuscript submission date: 2022-04-06

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-05-16 08:01

Reviewer performed review: 2022-05-16 08:18

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	<ul> <li>[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing</li> <li>[ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection</li> </ul>
Conclusion	<ul> <li>[ ] Accept (High priority) [Y] Accept (General priority)</li> <li>[ ] Minor revision [ ] Major revision [ ] Rejection</li> </ul>
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#### SPECIFIC COMMENTS TO AUTHORS

congatulation this is veru intersting paper.



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Provenance and peer review: Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

Reviewer's code: 05467483

**Position:** Editorial Board

Academic degree: MD

Professional title: Assistant Professor

Reviewer's Country/Territory: United States

Author's Country/Territory: Italy

Manuscript submission date: 2022-04-06

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-05-17 14:34

Reviewer performed review: 2022-05-20 03:09

**Review time:** 2 Days and 12 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	<ul> <li>[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing</li> <li>[ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection</li> </ul>
Conclusion	<ul> <li>[ ] Accept (High priority)</li> <li>[ ] Accept (General priority)</li> <li>[ Y] Minor revision</li> <li>[ ] Major revision</li> <li>[ ] Rejection</li> </ul>
Re-review	[Y]Yes []No
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Conflicts-of-Interest: [ ] Yes [Y] No

#### SPECIFIC COMMENTS TO AUTHORS

It is a very interesting and well researched article on outcomes of beta blocker therapy in COVID-19 era. The authors have highlighted all major studies to this effect that show the possible positive outcomes in patients on beta blocker therapy in COVID -19. Though there are no major trials to this effect the studies presented are mainly retrospective or observational in nature. The authors have referenced a study on page 6/17 which has been cited as reference # 55. The authors have referred to this study of infusion of beta blocker metoprolol in 20 patients with mechanical ventilation as a case control study. It appears that the study type for this a randomized clinical trial for a pilot study. The authors should elaborate on this study as it is one of the few interventional studies to this effect. Also, references are missing at certain places e.g on page 5/17 it is mentioned that "Beta blockers downregulate ACE2, thereby reducing the virus' ability to attack cells". Please add a suitable reference to this statement. The authors have referenced a study (reference # 56) on page 7/17 and mention that beta blocker was paradoxically associated with increased mortality. On the review of the complete text of the cited article it appears that authors have tried to link increased mortality to age and co-morbidities in patients with COVID-19. They have also associated beta blockers and ACE I as associated with increased mortality, but they appear to be confounders in this situation being the most commonly used medications for elderly. Also, it is confusing as two conflicting statements are made regarding effect of beta blockers on renin production which is claimed to have a protective effect on page 5/17 and harmful effect on page 7/17. Overall, the article is very good and definitely adds to the existing literature.



# **RE-REVIEW REPORT OF REVISED MANUSCRIPT**

Name of journal: World Journal of Clinical Cases Manuscript NO: 76923 Title: Beta receptor blocker therapy for the elderly in the coronavirus disease 2019 era Provenance and peer review: Invited Manuscript; Externally peer reviewed Peer-review model: Single blind Reviewer's code: 06136197 Position: Peer Reviewer Academic degree: BSc, RN Professional title: Academic Research, BSN, Chief Nurse, Nurse, Researcher Reviewer's Country/Territory: Iraq Author's Country/Territory: Italy Manuscript submission date: 2022-04-06 Reviewer chosen by: Li-Li Wang Reviewer accepted review: 2022-06-27 12:36 Reviewer performed review: 2022-06-27 12:37

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	<ul> <li>[ ] Accept (High priority) [Y] Accept (General priority)</li> <li>[ ] Minor revision [ ] Major revision [ ] Rejection</li> </ul>
Peer-reviewer statements	Peer-Review: [ ] Anonymous [Y] Onymous Conflicts-of-Interest: [ ] Yes [Y] No



#### SPECIFIC COMMENTS TO AUTHORS

Congratulations to revised version it is acceptable