



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Experimental Medicine

ESPS manuscript NO: 22783

Title: Impact and risk factors of post-stroke bone fracture

Reviewer’s code: 02699758

Reviewer’s country: Japan

Science editor: Jin-Xin Kong

Date sent for review: 2015-10-03 20:37

Date reviewed: 2015-10-13 06:25

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input checked="" type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

To the authors: The authors described overviews of the post-stroke fracture including epidemiology, assessment and prevention. The manuscript is very attractive to me, but there are several issues those should be solved. First of all, the author’s name that the author wrote in the manuscript should be indicated just by the last name. For example, “A. Ashburn et al” (line 216) should be changed to “Ashburn et al.” and “Yoshifumi Maeno et al.” (line 382) should be changed to “Maeno et al.” Second, reference number that the author cited in the manuscript with superscript is shifted for one reference number. The author should check the reference number carefully. Third, the manuscript is not organized. For example, the authors described the issues related to the lack of estrogen and anti-depressant drugs in the “ADDITIONAL MANEGEMENTS.....” section. I think these issues should be included in the “RISK FACTOR.....” section. In spite of the last section entitled “.....AND FUTURE DIRECTION”, the authors do not mention the future direction. So I recommend to change Subheadings as follows: For example, 1. Incidence or epidemiology of post-stroke fracture 2. Risk factors 3. Assessment (BMD, metabolic bone markers, TUG, Tinetti test, etc.) 4. Prevention: physical therapy, drug intervention (calcium, vitamin D, bisphosphonate,



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parathyroid hormone) Lastly, I think bisphosphonate should be the first-line drug for prevention or treatment of post-stroke osteoporosis, as for primary osteoporosis. The author stressed the side effects of bisphosphonates including BRONJ, atypical femur fractures, esophageal cancer and cardiovascular diseases. However, these side effects are very few, and benefits of bisphosphonates surpass disadvantages for not using them. So, I think the author should recommend to use bisphosphonate as the first-line drug to prevent bone loss for post-stroke patients.

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<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
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		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

In the review article the authors analysed current evidence of the association of osteoporosis leading and/or subsequent to stroke as this association impact on rehabilitation success. This is an important subject, not familiar to many physicians. For completeness and further clinical utility, its relevance should be underlined in male subject, generally neglected for osteoporosis evaluation, detection, prevention and therapy. All that in spite of fact that, as the authors reports 20 % of males have fractures, osteoporosis and relation with stroke. Attention should be also paid to hypertension, a major risk factor for stroke and a risk of fractures and osteoporosis, perhaps sharing the "accelerated ageing process". The association of hypertension, osteoporosis, and fractures with arterial stiffness has been recently described in several population cohorts such as in J Hypertens. 2015 Apr;33(4):727-35; discussion 735. doi: 10.1097/HJH.0000000000000475. Association of age-dependent height and bone mineral density decline with increased arterial stiffness and rate of fractures in hypertensive individuals. El-Bikai R1, Tahir MR, Tremblay J, Joffres M, ?eda O, ?edová L, Awadalla P, Laberge C, Knoppers BM, Dumas P, Gaudet D, Ste-Marie LG, Hamet P Furthermore, the discussion of calcium supplementation as a cardiovascular risk should be either supported by citation from



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literature or ponder with more recent analysis of state of the art : Effects of Dairy Products Consumption on Health: Benefits and Beliefs-A Commentary from the Belgian Bone Club and the European Society for Clinical and Economic Aspects of Osteoporosis, Osteoarthritis and Musculoskeletal Diseases. Rozenberg S, Body JJ, Bruyère O, Bergmann P, Brandi ML, Cooper C, Devogelaer JP, Gielen E, Goemaere S, Kaufman JM, Rizzoli R, Reginster JY. *Calcif Tissue Int.* 2015 Oct 7 Finally the number of references quoted in the text should be crosschecked, for example ref 55 on line 372 is actually referring to meta-analysis from ref. 54.