

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Psychiatry

ESPS manuscript NO: 15248

Title: Transcranial Magnetic Stimulation for Geriatric Depression: Promises and Pitfalls

Reviewer's code: 02445242

Reviewer's country: India

Science editor: Xue-Mei Gong

Date sent for review: 2014-11-18 09:34

Date reviewed: 2014-12-11 22:26

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input checked="" 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 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
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input 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

Comments for authors This is indeed a well organized and well written review on the subject. A few issues perhaps need to be clarified. 1. If I am not mistaken, rTMS takes longer to elicit a response, and according to the authors the time to response may be even longer in the elderly. Since a rapid response is of the essence in severely ill patients with depression, would a delayed response not be a disadvantage, particularly compared to ECT? 2. The authors suggest that rTMS "could be offered after an unsuccessful or poorly tolerated trial of ECT." However, according to the authors rTMS is relatively ineffective compared to ECT in the treatment of psychotic depressions in the elderly. The efficacy in non-psychotic depressions in the elderly appears to be similar. Moreover, there appears to be a lesser incidence of cognitive impairment with rTMS. Given these differences between rTMS and ECT, I would have thought that a trial of rTMS should precede and not follow ECT, at least in the elderly with non-psychotic depressions. 3. The varying definitions of TRD have been mentioned. Of note is the fact that out of the 4 RCTs listed in Table-2, 3 included patients who had failed to respond to a single antidepressant. Overall, 7 of the 12 trials reviewed included patients with only one failed antidepressant trial. There are also no studies "directly comparing subjects



BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

<http://www.wjgnet.com>

with TRD and without TRD in geriatric depression.” Therefore, would it be prudent to conclude that: “Taken together, if there is any influence of the degree of treatment refractoriness on therapeutic response to rTMS, the size of this effect is likely to be small in the elderly?” Or, should it just be left at something like – the effect of treatment-resistance on rTMS treatment of depression in the elderly is still uncertain? Some other suggestions: The tables need to be formatted uniformly. All abbreviations used should be explained in the footnotes. In table-2 the ‘methodology’ column should come before the ‘results’ column.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Psychiatry

ESPS manuscript NO: 15248

Title: Transcranial Magnetic Stimulation for Geriatric Depression: Promises and Pitfalls

Reviewer's code: 02445222

Reviewer's country: Germany

Science editor: Xue-Mei Gong

Date sent for review: 2014-11-18 09:34

Date reviewed: 2014-12-01 20:45

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input checked="" 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 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
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

The manuscript entitled "TMS for geriatric depression: promises and pitfalls" is a comprehensive, timely, and clinically important systematic (and partly narrative) review. As far as I know this is the first review on the topic of rTMS in late life depression. The MS is generally well-written and concise. I only have minor points to consider: 1. Title - "Promises and pitfalls" could be deleted 2. I recommend to use the more familiar abbrev "rTMS" instead of "TMS" as only studies applying repetitive TMS are considered in the MS. 3. p.3, 1st paragraph, e.g., "reduced likelihood of treatment response" in addition with reference no.4 (Licht-Strunk et al. 2007) seems to be slightly outdated and simplified. The authors should at least cite some newer references (e.g. Tedeschini et al. J Clin Psychiatry, 2011). Thank you!

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Psychiatry

ESPS manuscript NO: 15248

Title: Transcranial Magnetic Stimulation for Geriatric Depression: Promises and Pitfalls

Reviewer's code: 02445225

Reviewer's country: Germany

Science editor: Xue-Mei Gong

Date sent for review: 2014-11-18 09:34

Date reviewed: 2014-12-02 19:56

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

COMMENTS TO AUTHORS

The paper by Sabesan is a quite informative review of the literature about the use of TMS in elderly patients. Two comments 1)The introduction lacks precision. Actually depression is a disorder of young adults. Prevalence of depression in the elderly is low compared to young adults. What makes the topic important is that if patients beyond 50 have a first episode of depressive disorder there is a much higher probability of treatment resistance and comorbidity with medical disorders (diabetes, heart disorders) or neurological disorders (cerebrovascular disorders, neurodegeneration) but less comorbidity with mental disorders. In addition there is the group of patients with depression of early onset that suffer from depression that persists into old age and that has a high rate of comorbid mental disorders. The authors should discuss how this heterogeneity influences the action of therapeutic agents. The expression "cerebrovascular insufficiency" has a specific meaning and should not be substituted for cerebrovascular disease. 2) The review is apparently written by a group of great TMS fans. That is ok so far. Yet the pitfalls announced in the title seem to be neglected. Given the controversial status of TMS with respect to viewing it as a standard treatment more thoughts about this topic are needed.