

PEER-REVIEW REPORT

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Title: Cognitive screening for adult psychiatric outpatients: Comparison of the Cognivue® to the Montreal Cognitive Assessment

Reviewer's code: 02445242

Position: Editorial Board

Academic degree: MAMS, MBBS, MD

Professional title: Professor

Reviewer's Country/Territory: India

Author's Country/Territory: United States

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Reviewer chosen by: Ya-Juan Ma

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input 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 checked="" type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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

I agree with most of the issues of concern that the authors of this editorial have highlighted about the article by Cahn-Hidalgo et al. regarding the utility of the Cognivue® in screening for dementia. In addition, I think there are several other issues with the article on screening using the Cognivue®. These include: 1. Possible conflicts of interest - One of the authors has acted as a consultant and speaker for Cognivue Inc. while the other two are employees of Cognivue Inc. Though this is not clearly stated the study appeared to be funded by the same company. Therefore, validation by an independent set of authors was clearly required. This has been carried out by the authors of this editorial and the results of the comparisons with the MOCA suggest some limitations in the Cognivue® screening. 2. Lack of data - There appears to be a lack of validation studies with the Cognivue® screening apart from the ones cited by the Cahn-Hidalgo et al. The only other study cited is among patients with multiple sclerosis (reference 30 of the manuscript). Without further testing on larger samples it is not possible to comment on the usefulness of the Cognivue® versus other screening instruments. 3. Costs of screening with the Cognivue® - It is not clear whether screening with the Cognivue® will be cost-effective compared to simpler paper and pencil tests like the MOCA. 4. The nature of domains and tests for these - The authors of this editorial have already pointed out the limitations of the Cognivue® in this regard. Thus, the nature of subtests included in the Cognivue® will probably be crucial in determining the usefulness of this screening measure. 5. Diagnostic accuracy of automated tests for cognitive impairment - A systematic review by Aslam et al. (Int J Geriatr Psychiatry. 2018;33:561-575) had pointed out that: "Some tests have shown promising results for identifying MCI and early dementia. However, concerns over small sample sizes, lack of replicability of studies, and lack of evidence available make it

difficult to make recommendations on the clinical use of the computerised tests for diagnosing, monitoring progression, and treatment response for MCI and early dementia. Research is required to establish stable cut-off points for automated computerised tests used to diagnose patients with MCI or early dementia." All these issues are relevant while determining the utility and validity of the Cognivue® screen. I think the authors of the editorial can consider and comment on some of the issues listed above.