

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Clinical Cases*

**Manuscript NO:** 79077

**Title:** Assessment of knowledge, cultural beliefs, and behavior regarding medication safety among residents in Harbin, China

**Provenance and peer review:** Unsolicited manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 06195078

**Position:** Peer Reviewer

**Academic degree:** N/A

**Professional title:** N/A

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** China

**Manuscript submission date:** 2022-10-14

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-10-15 07:41

**Reviewer performed review:** 2022-10-17 11:34

**Review time:** 2 Days and 3 Hours

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 Grade E: Do not publish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="radio"/> ] Anonymous [ <input type="radio"/> ] Onymous
	Conflicts-of-Interest: [ <input type="radio"/> ] Yes [ <input checked="" type="radio"/> ] No

## SPECIFIC COMMENTS TO AUTHORS

Core Tip are not a simple summary of Abstract. Grammar and language need further improvement Some punctuation marks are used incorrectly The author said that the statistics were completed at the Second Military Medical University, but no members from this unit in the list of authors. Why there is no content of the attitude in Table 1? In the first part of the result, the content of the attitude was missing. The link of literature 15 cannot be opened In the Questionnaire design section, the specific content of KAB and relevant answers need to be explained in detail Recommend statistical experts to analyze the statistical results ARTICLE HIGHLIGHTS is not a duplicate of the Abstract and needs to be rewritten The conclusion part is too complex, which should be a high summary of the article. The suggestions can be put in the discussion part

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**Reviewer's code:** 05293115

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Associate Professor

**Reviewer's Country/Territory:** Italy

**Author's Country/Territory:** China

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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
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Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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	Conflicts-of-Interest: [ <input type="radio"/> ] Yes [ <input checked="" type="radio"/> ] No

### **SPECIFIC COMMENTS TO AUTHORS**

Dear Authors the paper is interesting and can be considered for publication after minor revisions. Indeed, you should comment some topics about oral health: 1) Please consider you introduction and discussion in the light of covid-19 pandemic, in particular referring to oral management guidelines. Please cite PubMed ID34851068 and PubMed ID33135082 2) Please discuss the importance of using implant without bacterial microleakage and correct oral hygiene protocols (cite PubMed ID26922985 and PubMed ID28696070 3) Please evaluate if such medication can influence dental implant outcomes. Please cite DOI 10.23805/JO.2018.10.04.04

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**Reviewer's code:** 02445242

**Position:** Editorial Board

**Academic degree:** MAMS, MBBS, MD

**Professional title:** Professor

**Reviewer's Country/Territory:** India

**Author's Country/Territory:** China

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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 type="checkbox"/> Grade B: Minor language polishing <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="radio"/> ] Anonymous [ <input type="radio"/> ] Onymous
	Conflicts-of-Interest: [ <input type="radio"/> ] Yes [ <input checked="" type="radio"/> ] No

## SPECIFIC COMMENTS TO AUTHORS

The first difficulty I had with this study was to understand its purpose and intent. Although the title is "Assessment of the Knowledge, attitude, and behavior about medication safety...", the results of abstract section suggests that the study was more about knowledge, attitude, and behaviour regarding medication use rather than medication safety. Nevertheless, the abstract concludes that – "the knowledge, attitude, and behavior about medication safety in the general population was relatively good, and the main impact factors were age, education, and working status." This is confusing. At the very least, I would suggest adding the words "medication safety" to the results of the abstract, for example, "The mean scores for knowledge, attitude, and behavior about medication safety were  $59.41 \pm 19.33$ ,  $40.66 \pm 9.24$ , and  $60.97 \pm 13.69$ " and so on. The Introduction does little to help resolve the problem in understanding the basic premise with the study. It is mostly about medication errors and their adverse consequences. There is some information on the use of over-the-counter medications. Both these issues are not related to the impact of patients' knowledge, attitude, or behaviour on medication safety or misuse. A previous study on knowledge, attitudes and practice from China is quoted. However, this study did not specifically examine medication safety. The authors need to present a (brief) review of the research linking knowledge, attitude, and behaviour/practice of patients/residents with medication safety. Without such a review it is difficult to understand the background, aims/objectives, and the hypotheses guiding this study. The second difficulty was in understanding the "KAB (knowledge, attitude, and behaviour) model" and the questionnaire used by the authors. The authors state that they used the framework of the "KAB model" to evaluate

medication safety. The reference they cite for this model (number 15) is entitled “KAP survey on drug use behavior risk among Chinese residents”. The details are not easily accessible from the website cited. Therefore, it is not clear whether this survey and the authors’ questionnaire based on this survey were about knowledge, attitude, and behaviours about medication safety among users. Moreover, in the absence of any further details, it is difficult to understand the basic rationale of the “KAB model”. In the discussion, the authors mention that “Several studies have addressed the KAB model of medication safety [17-19].” The first two studies cited do not mention a KAB model. Moreover, they were about knowledge, attitude, and practice of health-care workers regarding medication errors. This is not directly relevant to the current study. The third study among elderly Korean patients mentions a knowledge, attitude, and practice (KAP) model. Some details are offered about the possible interactions between the three aspects and how they might impact medication safety in this model. However, the authors of this study state that the KAP model was used to analyse knowledge gaps, cultural beliefs, and behavioural patterns among their participants. Cultural beliefs are thus an important part of this model. It is very difficult to make out (e.g., from Table 1) whether cultural beliefs were a part of the questionnaire used in this study. Additionally, the results of the current study refer to the KAB scores of medication risk and their demographic correlates. However, without an understanding of items such as “Common Sense of Medication”, “Medication Storage” it is difficult to make sense of these results. Therefore, statements such as “the KAB model for medication safety in general population was relatively good.” (Discussion) are not well supported by the results. All these lacunae in the current version of the manuscript make it difficult for the readers to understand the presumptions of this study, the nature of the questionnaire used, and the implications of its findings. I think that more details are needed on all these aspects to understand what was being attempted in this study and what its



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findings really mean. The text has many grammatical errors. For example, “A prior study identified 471 valid questionnaires and found only 49.47% of the respondents answered correctly [for] knowledge of antibiotic use and drug resistance, and 19.96% of the respondents answered they did not [forgot] to use their medicines. Moreover, 55.84% of respondents did not [participated] in any medication counseling services by pharmacists [9]. (Introduction – third paragraph) It needs to be edited carefully to remove these errors.



## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Position:** Peer Reviewer

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**Professional title:** N/A

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** China

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**Reviewer chosen by:** Jin-Lei Wang

**Reviewer accepted review:** 2022-11-10 10:44

**Reviewer performed review:** 2022-11-11 11:08

**Review time:** 1 Day

<b>Scientific quality</b>	<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
<b>Language quality</b>	<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
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Peer-reviewer</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

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

#### **SPECIFIC COMMENTS TO AUTHORS**

The author answered all the questions, and the quality of the revised article has been significantly improved