

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Psychiatry*

**Manuscript NO:** 87779

**Title:** Performance of the Walking Trail Making Test in Older Adults with White Matter Hyperintensities

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

**Peer-review model:** Single blind

**Reviewer's code:** 05291028

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Associate Professor

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

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

**Manuscript submission date:** 2023-08-26

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-08-27 06:09

**Reviewer performed review:** 2023-08-27 19:18

**Review time:** 13 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 Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<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
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

The authors present the results of a single center observational clinical study aimed to explore the performance in the walking trail making test (WTMT) performance in older people with white matter hyperintensities (WMH). The authors found that older adults with WMH showed poorer WTMT performance. WTMT could be a potential indicator for the cognitive and motor deficits in WMH patients. For a better presentation of the data, the following issues need to be clarified: 1. The authors should mention in the Introduction that signs of small vessel disease in conventional MRI include: recent subcortical lacunar infarcts (clinically symptomatic), white matter magnetic resonance hyperintensities, lacunes (clinically silent), prominent perivascular spaces, cerebral microbleeds and atrophy (Int J Mol Sci 2022; 23, 1497). See and include this supporting reference. 2. Because cognitive impairment is an essential clinical feature of Binswanger's disease, I would suggest expanding the text in relation to the cognitive profile of white matter hyperintensities and neuropsychological features of subcortical vascular dementia (Expert Rev Neurother 2009; 9: 1201-1217). I suggest including it in the Discussion. 3. The authors should clearly point out in the text the relevance of



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clinically silent lacunes (as a major neuroimaging feature of cerebral small vessel disease) on cognitive performance. In a clinical study, more than half of the patients with a first-ever lacunar stroke had minor neuropsychological alterations. These minor alterations were mainly related to the presence of clinically silent lacunar infarcts on neuroimaging at this early stage of cerebral small vessel disease (see and add this reference BMC Neurol 2013; 13: 203). Did the authors consider in their study protocol the relevance of silent lacunes on cognitive performance? 4. A brief concluding comment on other possible lines of future research on the presented topic would be appreciated.

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**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Associate Professor

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

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

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**Reviewer chosen by:** Yu-Lu Chen

**Reviewer accepted review:** 2023-09-24 12:32

**Reviewer performed review:** 2023-09-26 07:21

**Review time:** 1 Day and 18 Hours

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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<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

This is a well written paper presenting convincing results. In essence it is shown that patients with confirmed white matter hyperdensities perform significantly worse in the choice reaction test, verbal fluency test and digit symbol substitution test ( $16.00 \pm 2.75$  vs  $18.40 \pm 3.27$ ,  $P = 0.010$ ) in comparison with the control group. In addition it was revealed that the WMH group required significantly more time to complete WTMT-A. The results seem to be of considerable diagnostic value. Just a note regarding spelling: Please separate from each other the following words: adultsover; thatcam; dualgait and (possibly) others.