

## **Reviewer #1**

Question 1: 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.

**Response: Thanks for this suggestion, and the abstract have already changed in the revised manuscript. All of changes in the revised manuscript were highlighted with tracked.**

Question 2: 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.

**Response: Thanks for this suggestion, and the Introduction have already changed in the revised manuscript. All of changes were highlighted with tracked.**

Question 3: 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”.

**Response: Thanks for this suggestion. The KAB model have already removed in the revised manuscript, and the details of questionnaire was developed based on the knowledge, attitude, and behavior and the medication safety items in the Science and Technology Development Center of the Chinese Pharmaceutical Association. Moreover, the details of questionnaire have already upload as supplementary file.**

Question 4: 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 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.

**Response:** Thanks for this suggestion. First, the current study aimed to the knowledge, attitude, and behavior about medication safety in general population, and the KAB model have already removed in the revised manuscript. Second, the attitude in questionnaire have already changed into “Cultural beliefs”. Third, several items have already changed in the revised manuscript. Fourth, the sentence of “the KAB model for medication safety in general population was relatively good” have already changed into: “Our study found that the knowledge, cultural beliefs, and behavior scores for medication safety in the general population were 59.41, 40.66, and 60.97, respectively, and the total score was 161.23”. Finally, the language revisions have already performed by Editage Company.

## **Reviewer #2**

General comments: 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

Response: We appreciate the reviewer provide this kindly comment. The first 2 references have already cited in the revised manuscript, while the remaining 3 articles are not related to knowledge, cultural beliefs, and behavior about medication safety.

### **Reviewer #3**

Question 1: Core Tip are not a simple summary of Abstract.

Response: Thanks for this suggestion, and the Core Tip have already changed in the revised manuscript.

Question 2: Grammar and language need further improvement

Response: Thanks for this suggestion, and the English revision have already performed by Editage Company.

Question 3: Some punctuation marks are used incorrectly

Response: Thanks for this suggestion, and the punctuation have already checked in the revised manuscript.

Question 4: 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.

Response: Thanks for this suggestion. The statistics were consulting and guide by Department of Health Statistics, Second Military Medical University. However, they did not contributed the design, investigation, writing and revision for this study, thus the members from this unit were not listed as authors.

Question 5: Why there is no content of the attitude in Table 1?

Response: Thanks for this suggestion, and the content regarding cultural beliefs (attitude) have already added in the revised Table 1.

Question 6: In the first part of the result, the content of the attitude was missing.

Response: Thanks for this suggestion, and the content of the cultural beliefs (attitude) have already added in the Results section.

Question 7: The link of literature 15 cannot be opened

Response: Thanks for this suggestion, and the link of literature 15 (literature) could open and the results are listed as follows:

证 问卷星 <https://www.wjx.cn/jq/35349073.aspx> 点此搜索

### 《中国居民用药行为风险KAP调查问卷》



您好!非常感谢您参与中国居民用药行为风险KAP调查!  
本次调查为匿名性质, 您的回答仅供研究者进行统计分析,回答无对错之分。  
您的参与将会对促进我国公众安全用药提供非常有意义的帮助。感谢您的大力支持!

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\* 您的性别:

男

女

\* 您的年龄:

15-18岁

19-34岁

35-49岁

50-64岁

65岁以上

Question 8: In the Questionnaire design section, the specific content of KAB and relevant answers need to be explained in detail

Response: Thanks for this suggestion, and the details of questionnaire items have already upload as supplemental 1.

Question 9: Recommend statistical experts to analyze the statistical results

Response: Thanks for this suggestion, and the statistics were consulting and guide by Department of Health Statistics, Second Military Medical University.

Question 10: ARTICLE HIGHLIGHTS is not a duplicate of the Abstract and needs to be rewritten

Response: Thanks for this suggestion, and the article highlights have already rewrite in the revised version.

Question 11: The conclusion part is too complex, which should be a high summary of the article. The suggestions can be put in the discussion part

Response: Thanks for this suggestion, and the conclusion section have already changed in the revised manuscript.

### **Revision reviewer**

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

Response: Thanks for your comments.

### **EDITORIAL OFFICE'S COMMENTS**

**Science editor:**

General comments: The manuscript has been peer-reviewed, and it's ready for the first decision.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade C (Good)

**Response: Thanks for this suggestion, and the English revision have already performed by Editage Company.**

**Company editor-in-chief:**

General comments: I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before its final acceptance, please upload the primary version (PDF) of the Institutional Review Board's official approval in official language of the authors' country to the system. Authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content. Please upload the approved grant application form(s) or funding agency copy of any approval document(s). Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply a new tool, the RCA. RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve

an article under preparation/peer-review/revision. Please visit our RCA database for more information at: <https://www.referencecitationanalysis.com/>.

Response: We appreciate the editor given this kindly comments. After careful revision according to reviewer's reports, the manuscript have already changed with tracked.