

## REVIEWER'S REPORT

Manuscript No.: IJAR-53058

Date: 30-07-2025

**Title: Mortality pattern and causative factors in the critically ill patients in a tertiary care centre**

### Recommendation:

Accept as it is .....

Accept after minor revision... ☒ .....

Accept after major revision .....

Do not accept (*Reasons below*) .....

Rating	Excel.	Good	Fair	Poor
Originality		<input checked="" type="checkbox"/>		
Techn. Quality		<input checked="" type="checkbox"/>		
Clarity			<input checked="" type="checkbox"/>	
Significance	<input checked="" type="checkbox"/>			

Reviewer Name: Mr. Shashi Prakash

Date: 31-07-2025

### Reviewer's Comment for Publication.

*(To be published with the manuscript in the journal)*

*The reviewer is requested to provide a brief comment (3-4 lines) highlighting the significance, strengths, or key insights of the manuscript. This comment will be Displayed in the journal publication alongside with the reviewers name.*

This retrospective analysis offers insightful information regarding the patterns of mortality amongst ICU patients in a South Indian tertiary care facility, where it underlines the prevalence of non-communicable conditions, especially cardiac, respiratory, renal, and neurological conditions. The advantage is in the determination of the top causes of fatalities and the provision of region-specific information that can be used to inform healthcare policy and resource planning.

### Detailed Reviewer's Report

The abstract is a general overview of the issue and describes the findings of the study briefly. It is not clear and organized—important aspects like the design of the study, sample, setting, and brief results are fragmented or missing. To rectify this, the abstract should be written in an organized format (Background, Methods, Results, Conclusion) and should mention that it is a retrospective observational study. Also, numbers and percentages must be presented consistently and clearly, with a concentrated ending on implications.

# International Journal of Advanced Research

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## **REVIEWER'S REPORT**

The introduction effectively emphasizes the worldwide and national burden of NCDs and provides a good context for the study. Still, it could improve on tighter writing and better flow. Particular data mentioned (e.g., WHO statistics) must be referenced accurately. The justification for concentrating on ICU mortality and its association with NCDs in the Indian setting is valid, but there is no clear research question or hypothesis. Including a brief concluding paragraph that summarizes the study aims would give better direction to the reader.

The methods section presents an acceptable description of the study design and data source. A clearer description is required to enhance transparency and reproducibility. Descriptions are required on the criteria for determining comorbidities, the process of patient selection for inclusion, and cause-of-death attribution method. The process of whether deaths were clinically confirmed or through autopsy reports needs to be clarified. Ethical approval is stated, which is positive, but a sample size justification or power calculation is lacking.

In result section the findings are quantitatively transparent and reported via a table, which is useful for structuring findings. The text, however, should not be mere repetition of the table but rather emphasize specifying highlighted trends and key findings. The analysis of sex- and age-specific (multimorbidity) variations and comorbidities (DM, HTN) is explanatory, but visual illustrations (charts or graphs) would make it more clear. Moreover, an independent paragraph illustrating multimorbidity distribution and sex- or age-specific variations might contribute to analysis.

The discussion gives a broad comparison with international and regional research, situating the findings perfectly in a wider framework. The section is too lengthy and unfocused, with too many unrelated facts being introduced. It ought to be more organized—beginning with key findings, followed by potential explanations, comparisons with other research, and implications. There are references informally stated (e.g., "Kumar A. et al.") without proper citation, which needs to be corrected. The mention of the kidney-heart-lung axis is insightful, but its clinical relevance could be expanded with practical implications.

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The conclusion suitably relates the main findings but requires improvement. It reintroduces the "kidney-heart-lung axis" again, which, though useful, can benefit from more targeted interpretation or future research direction. The conclusion must also mention practical applications or recommendations (e.g., ICU-specific NCD management strategies are required) and briefly mention study limitations, including its retrospective nature and singularity.