

REVIEWER'S REPORT

Manuscript No.: IJAR-53681

Date: 04/09/2025

Title: A PROSPECTIVE OBSERVATIONAL STUDY ON THE EVALUATION OF THERAPEUTIC STRATEGIES IN THE MANAGEMENT OF ATHEROSCLEROSIS: A COMPREHENSIVE CLINICAL AND PHARMACOLOGICAL APPROACH

Recommendation:

Accept as it is
 Accept after minor revision.....
 Accept after major revision ...**YES**.....
 Do not accept (*Reasons below*)

Rating	Excel.	Good	Fair	Poor
Originality	YES			
Techn. Quality		YES		
Clarity		YES		
Significance	YES			

Reviewer Name: Emmanuel KUBANA

Date: 04/09/2025

Reviewer's Comment

The manuscript presents a prospective observational study of 100 patients with atherosclerosis, aiming to evaluate pharmacological and non-pharmacological therapeutic strategies. The work is clinically relevant, especially given the global burden of cardiovascular disease. The study provides descriptive insights into drug prescribing patterns (e.g., high use of atorvastatin, aspirin, and nicorandil), comorbidities, and surgical interventions (CABG vs PTCA).

However, while the paper compiles a substantial amount of descriptive data, it lacks statistical rigor, depth of analysis, and clarity in some sections. Several methodological and presentation issues need to be addressed before the manuscript can be considered for publication.

Detailed Reviewer's Report

Strengths

- Clinical Relevance** – Focuses on a major global health concern: atherosclerosis and its management.
- Real-World Data** – Based on hospital patient records, providing practical insight into prescribing patterns.
- Comprehensive Drug Review** – The manuscript details multiple pharmacological classes (statins, antiplatelets, anticoagulants, antihypertensives, etc.), mechanisms of action, and dosages.
- Broad Scope** – Includes epidemiology, pathogenesis, diagnosis, and future perspectives, making it potentially useful as a reference paper for clinicians and researchers.

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Weaknesses / Issues

1. Methodological Clarity

- The inclusion/exclusion criteria are stated but not sufficiently justified. For example, why exclude patients with impairments when disability is common among cardiovascular patients?
- No explanation is provided on sample size determination (why 100?).
- There is no description of how data reliability and accuracy were ensured.

2. Statistical Analysis

- The results are descriptive only (percentages, frequencies). No statistical tests (e.g., chi-square, t-test) were applied to evaluate associations between variables (sex, comorbidities, drug prescriptions, outcomes).
- Confidence intervals and p-values are missing, which weakens the scientific rigor.

3. Outcome Assessment

- The study reports prescription patterns but does not link them to clinical outcomes (e.g., symptom improvement, reduced events, mortality, rehospitalization).
- Without outcome measures, conclusions about “most prominent” therapeutic strategies are speculative.

4. Redundancy and Length

- The paper repeats drug classifications and mechanisms at length, which are well established in textbooks. This dilutes the focus on the observational findings.
- Tables and figures are descriptive but not statistically analyzed.

5. Discussion

- The discussion mainly restates results rather than critically comparing them with existing literature.
- Little is said about limitations (e.g., single-center design, small sample size, short follow-up).

6. Language and Formatting

- Multiple grammatical and typographical errors reduce readability.
- Some figures are low-quality and lack clear legends.

Recommendations for Improvement

1. **Methodology** – Provide justification for inclusion/exclusion criteria and sample size. Add details on ethical approval and data collection process.
2. **Statistical Rigor** – Apply appropriate tests to examine associations (e.g., between drug use and comorbidities or demographic variables). Report confidence intervals and p-values.
3. **Clinical Outcomes** – If available, include follow-up data on patient outcomes (event rates, symptom relief, readmissions). If not, clarify that the study only examines prescribing patterns.
4. **Tables/Figures** – Improve clarity and quality. Add legends, ensure consistency of units, and avoid redundancy.
5. **Discussion & Limitations** – Expand to compare findings with national/international studies. Explicitly acknowledge limitations (sample size, observational design, lack of randomization, single-center).
6. **Language Editing** – Revise for grammar, flow, and professional presentation.
7. **Conclusion** – Reframe to avoid overstatement. Rather than stating that atorvastatin + aspirin + nicorandil is “most prominent,” note that it was the *most commonly prescribed* combination in this cohort, without implying superiority.

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Recommendation

Major Revisions – The study is valuable in reporting prescribing trends but requires significant methodological strengthening, clearer statistical analysis, and careful rewriting to meet publication standards.