REVIEWER'S REPORT

Manuscript No.: IJAR-53683   Date: 03-09-2025

Title: A PROSPECTIVE OBSERVATIONAL STUDY ON OPTIMIZING STATIN DOSING IN CARDIOLOGY AND NEUROLOGY DEPARTMENT

Recommendation:
Accept as it is ……………………………….
Accept after minor revision………✓……
Accept after major revision ………………
Do not accept (*Reasons below*) ………

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

Reviewer Name: Mr. Shashi Prakash   **Date:** 04-09-2025

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 research offers useful real-world data regarding statin prescribing habits and ASCVD risk stratification within cardiology and neurology practice. The research brings attention to the dominance of high-dose atorvastatin prescription, emphasizes the value of individualized risk determination, and provides evidence from an under-served clinical population. Slightly greater attention to organization, presentation of data, and discussion intensity would make its clarity and impact even more robust.

Detailed Reviewer's Report

The title is good for the study, but it can be slightly shortened by eliminating unnecessary words such as "optimization." The abstract is concise in presenting objectives, method, findings, and conclusions, though numerical findings can be organized for better readability (e.g., clustering similar statistics). Highlight the clinical significance in the final sentence to entice wider readership.

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The introduction provides sufficient background on statin therapy and atherosclerosis but is written in review mode for pharmacology and not as a statement of a clinical issue. Emphasize the knowledge gap more—why ASCVD risk assessment in Indian cardiology/neurology practice is needed—and less about mechanistic facts.

The methods are understandable, although inclusion and exclusion criteria might be best described in a table for ease of viewing. Information about how ASCVD risk was calculated (what algorithm or calculator was used) and statistical analysis conducted (e.g., which Excel tests were used, any p-values that were generated) would be improved for transparency.

The discussion correctly interprets the results but must do a better job of connecting them to what is already known. Point out how your results differ from earlier work on statin use and ASCVD risk stratification, particularly in similar populations. Briefly mention limitations (single-center setting, descriptive data only, no long-term data) and provide directions for future research. A more concise concluding paragraph with more emphasis on practical significance will strengthen this section.

The conclusion is consistent with results but may be made more effective by stating outright how risk stratification enhanced therapy choices and why these results are significant to clinic. Avoid redundant presentation of data previously stated in results—stay concise on implications.