



PEER-REVIEW REPORT

Name of journal: *World Journal of Psychiatry*

Manuscript NO: 99189

Title: Impact of anxiety symptoms on dialysis adherence and complication rates: A longitudinal observational study

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 07915562

Position: Peer Reviewer

Academic degree: MD, Doctor, Doctor

Professional title: N/A

Reviewer’s Country/Territory: United States

Author’s Country/Territory: China

Manuscript submission date: 2024-08-28

Reviewer chosen by: AI Editor

Reviewer accepted review: 2024-09-02 12:05

Reviewer performed review: 2024-09-13 11:11

Review time: 10 Days and 23 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 Grade E: Do not publish
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 type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<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
Conclusion	<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
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	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 longitudinal design of this manuscript is one of its most significant strengths. By following patients over a 24-month period, the study was able to capture the temporal relationships between anxiety symptoms, dialysis adherence, and complication rates. This design allows for a more robust analysis of how anxiety might influence outcomes over time, rather than relying on cross-sectional data, which only provides a snapshot at one point in time. The longitudinal approach strengthens the evidence for causal inferences, as it shows that changes in anxiety levels are associated with changes in adherence and complication rates over time, which helps to establish a temporal relationship, and is crucial for determining causality. The study uses the multiple measures to assess adherence, including dialysis session attendance, interdialytic weight gain (IDWG), and medication adherence. This multi-faceted approach provides a more comprehensive understanding of adherence behaviors, capturing different aspects that are critical in managing end-stage renal disease (ESRD). By incorporating various adherence metrics, the study can more accurately assess how anxiety affects different components of the dialysis regimen. This comprehensive assessment is crucial because



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non-adherence in any of these areas can lead to adverse outcomes. Conducting the study across three different dialysis centers increases the generalizability of the findings. It reduces the likelihood that the results are specific to a single institution or patient population. The inclusion of multiple centers suggests that the findings are applicable to a broader range of settings, making the conclusions more generalizable to other dialysis populations. However, the relatively limited number of references utilized in the literature review section may somewhat restrict the comprehensive scope of the discussion. To further strengthen the arguments and demonstrate a broader knowledge base, it is recommended that the authors consider incorporating additional, more recent, and/or diverse sources of information to enrich the discussion. The study focuses solely on anxiety, without considering the potential impact of other psychological factors such as depression, stress, or coping mechanisms. Depression, in particular, is known to be highly prevalent in dialysis patients and may interact with anxiety to influence adherence and complications.



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Reviewer’s code: 07915555

Position: Peer Reviewer

Academic degree: MD, Doctor, Doctor

Professional title: N/A

Reviewer’s Country/Territory: Germany

Author’s Country/Territory: China

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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
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Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	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

(1) Some adherence measures, particularly medication adherence, relied on self-report, which is subject to recall bias and social desirability bias. Patients may overestimate their adherence to avoid judgment or underreport anxiety symptoms due to stigma. (2) While the study identifies associations between anxiety and outcomes, it does not delve deeply into the mechanisms underlying these relationships. (3) Despite adjusting for several confounders, there may still be residual confounding by factors that were not measured or controlled for, such as unmeasured socioeconomic factors, variations in social support, or other psychological conditions like depression. (4) The lack of intervention limits the practical applicability of the findings. While the study suggests that addressing anxiety could improve outcomes, it does not provide evidence on how best to do so, leaving a gap in the actionable recommendations. (5) Although the study achieved a 94% follow-up rate, there is still a possibility that the 6% of patients lost to follow-up may differ systematically from those who completed the study, potentially introducing bias. (6) The study took place between January 2021 and December 2022, during the COVID-19 pandemic. The pandemic likely influenced anxiety levels, healthcare access,



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and adherence behaviors, which might not reflect typical conditions. The pandemic's impact could confound the study's findings, making it difficult to disentangle the effects of anxiety from those of pandemic-related stressors. (7) The absence of qualitative data limits the understanding of the personal and subjective experiences of anxiety among dialysis patients. Incorporating qualitative research could enrich the findings and offer more tailored intervention strategies. (8) Expanding the reference list to cover a wider range of perspectives and key contributions would undoubtedly enhance the rigor and impact of the paper. (9) The authors should introduce additional tables that clearly illustrate key variables, relationships, and trends, enabling readers to easily follow and evaluate the methodology and results. I look forward to reviewing an improved version of the manuscript.