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OPEN PEER REVIEW

Comparison of Intravenous Dexamethasone and Dexmedetomidine for Spinal Anesthesia Quality in Opium-Addicted Patients: A Parallel Double-Blind Randomized Clinical Trial

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About this report

This open peer review (OPR) report shows the public comments made on this article during peer review, by the reviewers, the associate editor and the editor-in-chief, for every revision round, together with the authors' replies. Comments appear only with the consent of the people who wrote them. Reviewers who chose to sign their report are named; the others are shown as "Referee". Comments are edited for language only, and confidential remarks to the editors are not included.

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1 Original submission

3 comments · 10 Jul 2022 – 24 Aug 2022

Ali Ashraf Reviewer

MINOR REVISION 10 Jul 2022

Dear editorial board of precious journal: International Journal of High Risk Behaviors and Addiction
Thanks for selecting me as a reviewer of the manuscript titled:
Comparison between intravenous Dexamethasone versus
Dexmedetomidine on spinal anesthesia quality in opium addict patients; a parallel double
blind randomized clinical trial
I read it and found a few grammatical errors, such as: "Conclusion: It seems that the quality of spinal anesthesia in in opium addicted patients who received concurrent IV Dexmedetomidine was better than those who received concurrent IV Dexamethasone"
After revision by the authors, the article can be accepted.
But the major issue in this article is the study design: as the effects of these two drugs have not been compared in the normal population, it's not logical to compare them directly in opium addict patients.
It can also be accepted structurally, but the final decision is up to you.
In my opinion, the term "opium addict patients" can be removed from the title and article.
Alternatively, the trial could also compare the effects of these drugs in the normal population and in addicts.
All my regard.

Referee 1 Reviewer

MINOR REVISION 23 Aug 2022

The design of the study is well described, and the topic is popular, but the most important issue is the wide age range, as Dexmedetomidine has a more intense effect on the hemodynamic status of the patients. Please explain how you dealt with this in the A group, because dose adjustment seems to be inevitable.
Also, the Dexamethasone group did not receive any sedation during surgery, which warrants attention from an ethical standpoint.
Thanks

Associate Editor

MINOR REVISION 24 Aug 2022

Minor Revision

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Revision 1

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Reply to reviewers

- **Journal:** International Journal of High Risk Behaviors and Addiction
- **Manuscript ID:** 127925
- **Manuscript Title:** Comparison between intravenous Dexamethasone versus Dexmedetomidine on spinal anesthesia quality in opium addict patients; a parallel double blind randomized clinical trial
- **Revision:** [0]

> Reviewers' Comments:

Reviewer 1:
Dear editorial board of precious journal: International Journal of High Risk Behaviors and Addiction
Thanks for selecting me as a reviewer of below title: Comparison between intravenous Dexamethasone versus Dexmedetomidine on spinal anesthesia quality in opium addict patients; a parallel double blind randomized clinical trial
Reply: thanks for the time you spent to review our paper.

Comment: I read it and found few grammatical errors like: Conclusion: It seems that the quality of spinal anesthesia in in opium addicted patients who received concurrent IV Dexmedetomidine was better than those who received concurrent IV Dexamethasone
That after revising by author article can be accepted.

Reply: About the mentioned point regarding English writing, we revised the error; and the whole paper is going to be edited by the Journal publisher before final publication.

Comment: But the major issue in this article is the problem of design as the effect of these two drugs not compared in normal population it's not logic to compare in opium addict patients directly. So also it can be accepted structurally but the final decision is up to your opinion. I mention personally that the term of opium addict patients can be removed from title and article. or the trial compare also the effect of these drugs in normal population and addicts.

Reply: As we mentioned in introduction part of the manuscript, administration of Dexmedetomidine or Dexamethasone are among the most used interventions for improving the quality of spinal anesthesia. Noteworthy, in most of the conducted trials, opium addict patients were usually excluded (or not separated) and the effect of interventions were assessed and reported just in non-opium addict ones or as overall. Therefore, the exact gap of knowledge that we tried to overcome was the effect of such intervention in opium addict patients and not normal population. Indeed, opium addiction was the main inclusion criteria of this trial, as we want to compare the effect of Dexmedetomidine or Dexamethasone in this population and not the normal ones. Apparently, considerable number of our patients may be opium addict and we believe that

special trials in this population would be valuable. We highlighted these important points in introduction for your consideration

All my regard.
Kind Regards

Reviewer 2:
The design of the study is well described and topic is popular
Reply: thanks for the time you spent to review our paper.

but the most important thing is a wide range of age as Dexmedetomidine has more intense effect on hemodynamic status of the patients. please explain us how you deal with it in the A group because dose adjustment seems to be inevitable.
Reply: The age range and mean age of the patients had not any significant difference (p=0.341). To the best of our knowledge, there is no need for age adjustment in adult population who revive Dexmedetomidine. However, we included those patients who had stable vital sings, and also during the surgery, the patients had the same fluid therapy and did not receive any other analgesic or hypnotic agent. The patient's hemodynamics were continuously monitored to assess the need for extra managements. In case of hypotension (defined as a decrease in mean arterial pressure (MAP) of at least 20% of baseline), 10 mg of ephedrine was injected. Also, in case of bradycardia (defined as HR <50), the patient was treated with 0.5 mg of IV atropine. All are mentioned clearly in methods part and highlighted for your consideration.

also the Dexamethasone group did not receive any sedation during surgery which warrant notification in ethical field.

Reply: Both group underwent spinal anesthesia with the same standard approach, and administration of Dexmedetomidine or Dexamethasone was an extra-intervention. Indeed, receiving any sedation during surgery during spinal anesthesia is not necessary. As it has been mentioned, the proposal received ethical approval from ethics committee of Shahid Beheshti University of Medical Sciences (IR.SBMU.MSP.REC.1400.202).

Thanks

Kind Regards

2 Revision 1

2 comments · 19 Sep 2022 – 19 Sep 2022

Associate Editor

ACCEPT 19 Sep 2022

accept

Editor-in-Chief

ACCEPT 19 Sep 2022

accept