IJ Psychiatry and Behavioral Sciences
Volume 16 · Issue 2 · e114458

OPEN PEER REVIEW

Validation of Persian Version of the Telephone Interview for Cognitive Status-modified Questionnaire among Iranian Adults

Nayyereh Aminisani, Seyed Morteza Shamshirgaran, Delara Laghousi, Ali Javadpour, Zahra Gholamnezhad, Neda Gilani, Fiona Alpass

SUBMITTED	REVISED	ACCEPTED	DOI
14 Mar 2021	30 Jul 2021	11 Feb 2022	10.5812/ijpbs.114458

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.

More about open peer review: brieflands.com/knowledgebase/opr

Contents

1 **Original submission** Referee 1, Referee 2, Soheila Shahshahani, Omid Saed, Referee 3, Associate Editor,... 2

2 **Revision 1** Referee 1, Referee 4, Editor-in-Chief 6

Authors' reply to reviewers 7

Reviewer and editor comments 11

1 Original submission

7 comments · 21 Apr 2021 – 25 May 2021

Referee 1 Reviewer

MINOR REVISION 21 Apr 2021

Dear authors, thank you
Please add the following to the end of the exclusion criteria, if applicable: “according to self-report of the participants”.
Explain the procedure for translating and back-translating the instrument in more detail.
Clarify whether or not the evaluators in the two assessment phases (MMSE and TICS-m) were the same.
As far as I understand, you did not administer a complementary assessment to the participants identified as having some cognitive impairments based on the results of this tool. In this regard, please explain how you could conclude that it is a reliable instrument for cognitive assessment of elderly people.

Referee 2 Reviewer

MAJOR REVISION 24 Apr 2021

1. In the introduction, state specific objectives, including any prespecified hypotheses.
2. In the methods, present key elements of the study design early in the article.
3. In the methods, give the eligibility criteria and the sources and methods of selection of participants concisely and accurately.
4. In the methods, describe any efforts to address potential sources of bias.
5. In the methods, explain how the study size was arrived at.
6. In the methods, describe all statistical methods, including those used to control for confounding.
7. In the results, report the numbers of individuals at each stage of the study, for example, the numbers potentially eligible, examined for eligibility, and confirmed eligible.
8. In the descriptive data, give characteristics of study participants (for example, demographic information) and information on exposures and potential confounders.
9. In the discussion, give a cautious overall interpretation of the results, considering the objectives and limitations.
10. Also, discuss the generalizability (external validity) of the study results.
11. In the references, please add the DOI for every reference.
12. In the references, please use the abbreviated name of every journal. You can use Wikipedia or Index Medicus.
13. Your text is full of unnecessary information; please shorten it based on a previously published article in IJPBS.

Soheila Shahshahani Reviewer

MAJOR REVISION 4 May 2021

It is a good paper about an important issue, but I have some comments.
There are too many keywords, and some of them are unnecessary, i.e., NeLSA, PERSIA Cohort, Validity, Psychological tests, elderly, Iran.
In the fourth line of the measure part, the authors wrote, “The 13-item TICS-m questionnaire of Brandt et al. consists of four cognitive dimensions which include ….” However, the authors list six dimensions. In the same paragraph, the authors wrote, “Individuals who score 31 ≤ are considered as having "mild cognitive impairment" and those who score ≤ 27 are considered as having "severe cognitive impairment”. Is it correct? It

seems that it should be ≤ 31.
In the part titled “The process of validation”, it is better to describe the standard forward-backward translation process.
Some of the findings are presented in the table, but the authors repeated them in the text (see the attached file).
Some of the results are repeated in the discussion part (see the attached file).
The authors did not write anything about the ethical considerations in their research.
Some of the results are repeated in the discussion part.

Omid Saed Reviewer

MINOR REVISION 16 May 2021

This study is a good piece of work. The introduction section is very well written. It is written in fluent and simple English.
But it has some serious methodological problems:
1. Such studies do not require exploratory factor analysis. It would be better if you did a confirmatory factor analysis.
2. The problem with the factor loadings of propositions on the main factor is mainly due to sample characteristics, such as age and cognitive status.
3. The factor structure has not been compared with that in other studies, such as Van den berg et al (2012). They showed that factor analysis of the TICS-m items yielded four interpretable factors: "verbal memory," "orientation/mental tracking," "language/reasoning," and "attention/working memory,"
4. Like other studies, it would be better to use MMSE and ACE-R to assess criterion (concurrent) validity.
5. It would have been better to use ROC to distinguish the healthy group from the dementia group based on TICS-m.

Referee 3 Reviewer

MAJOR REVISION 23 May 2021

In the abstract:
1- Mention the year of the study.
2- Mention the sampling method.
3- Please list your keywords in alphabetical order and use MeSH terms.
Introduction
4- Justify the necessity for your study based on the gap in the previous findings.
In the Results section, report the cut-off points of this scale.
Discussion

5- Compare your new findings with the findings of other previous studies.
6- Mention possible explanations for the consistency and inconsistency of the results of your studies with those of other previous studies.
7- Do not repeat the results in different words in this section.

Sincerely yours

Associate Editor

MAJOR REVISION 23 May 2021

Thank you,
There are some points to address to improve the article:

Reviewer 1
1. In the introduction, state specific objectives, including any prespecified hypotheses.
2. In the methods, present key elements of the study design early in the article.
3. In the methods, give the eligibility criteria and the sources and methods of selection of participants briefly and precisely.
4. In the methods, describe any efforts to address potential sources of bias.
5. In the methods, explain how the study size was arrived at.
6. In the methods, describe all statistical methods, including those used to control for confounding.
7. In the results, report the numbers of individuals at each stage of the study, for example, the numbers potentially eligible, examined for eligibility, and confirmed eligible.
8. In the descriptive data, give the characteristics of study participants (for example, demographic information) and information on exposures and potential confounders.
9. In the discussion, give a cautious overall interpretation of the results, considering the objectives and limitations.
10. Also, discuss the generalizability (external validity) of the study results.
11. In the references, please add the DOI for every reference.
12. In the references, please use the abbreviated name of every journal. You can use Wikipedia OR Index Medicus.
13. Your text is full of unnecessary information; please shorten it based on a previously published article in IJPBS.

Reviewer 2
It is a good paper about an important issue, but I have some comments.
There are too many keywords, and some of them are unnecessary, i.e., NeLSA, PERSIA Cohort, Validity, Psychological tests, elderly, Iran.
In the fourth line of the measures section, the authors wrote, “The 13-item TICS-m questionnaire of Brandt et al. consists of four cognitive dimensions which include ….” But the authors write six dimensions. In the same paragraph, the authors wrote, “Individuals who score 31 ≤ are considered as having "mild cognitive impairment" and those who score ≤ 27 are considered as having "severe cognitive impairment”. Is it correct? It seems that it should be ≤ 31.
In the validation process section, it is better to describe the standard forward-backward translation process.
Some of the findings are presented in the table, but the authors repeated them in the text (see the attached file).
Some of the results are repeated in the discussion section (see the attached file).
The authors did not write anything about the ethical considerations in their research.
Some of the results are repeated in the discussion section.
Reviewer 3
Dear authors, thank you
Please add to the end of the exclusion criteria: “according to self-report of the participants” if applicable.
Explain the procedure for translating and back-translating the instrument in more detail.
Clarify whether or not the evaluators in the two assessment phases (MMSE and TICS-m) were the same.
As far as I understand, you did not administer a complementary assessment to the participants identified as having some cognitive impairments based on the results of this tool. In this regard, please explain how you could conclude that it is a reliable instrument for cognitive assessment of elderly people.

Reviewer 4
The article is relatively appropriate but has a flaw in the introduction and statistics sections. In the introduction, they should pay more attention to previous studies on this questionnaire. In the statistical part, it is necessary to report confirmatory factor analysis.
Reviewer 5
It has some serious methodological problems:
1. Such studies do not require exploratory factor analysis. It would be better if you did a confirmatory factor analysis.
2. The main reason for the problem in the factor loading of propositions on the main factor is the characteristics of the sample, such as their age and cognitive status.
3. The factor structure has not been compared with that in other studies, such as Van den berg et al (2012). They showed that factor analysis of the TICS-m items yielded four interpretable factors: "verbal memory," "orientation/mental tracking," "language/reasoning," and "attention/working memory."
4. As in other studies, it would be better to use MMSE and ACE-R to assess criterion (concurrent) validity.
5. It's better to use ROC to distinguish healthy participants from those with dementia based on TICS-m.

Reviewer 6
In the abstract:
1- Mention the year of the study.
2- Mention the sampling method.
3- Please list your keywords in alphabetical order and use MeSH terms.
Introduction
4- Justify the necessity for your study based on the gap in the previous findings.
In the results section, report the cut-off points of this scale.
Discussion

5- Compare your new findings with the findings of other previous studies.
6- Mention possible explanations for the consistency and inconsistency between the results of your study and those of previous studies.
7- Do not repeat the results in different words in this section.

Editor-in-Chief

MAJOR REVISION 25 May 2021

Your paper has been evaluated by external peer reviewers. Please make your revisions according to the reviewers' comments. I would appreciate it if you could make the revisions as soon as possible using the track changes mode in MS Word and colored text.

After revision, authors are obliged to upload a Word file containing the reviewers' comments and their responses to all comments, one by one.

Besides, please pay attention to the word count limitation:
Word count limits are declared in this link: http://kowsarpub.com/en/index.php/services/for-authors/895-word-count

We look forward to receiving your revised manuscript. Thank you for sending your work to the Iranian Journal of Psychiatry and Behavioral Sciences.

2

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.

Reviewer 1:

1. In introduction, state specific objectives, including any prespecified hypotheses: page 3, line 58-61

2. In methods, present key elements of study design early in the article: page 4, line 71-76.

3. In methods, give the eligibility criteria, and the sources and methods of selection of participants, abbreviately and exactly: page 4, line 77- 81.

4. In methods, describe any efforts to address potential sources of bias: page 4, line 73(Simple random sampling to address the selection bias).

5. In methods, explain how the study size was arrived at: page 4, line 73-76.

6. In methods, describe all statistical methods, including those used to control for confounding: page 7, line 135-147(There was no need to control confounders with statistics).

7. In results, report numbers of individuals at each stage of study for example numbers potentially eligible, examined for eligibility, confirmed eligible: The number of participants for face and content validity in page 8, line 157; the number of participants for construct validity is in page 10, line 202.

8. In descriptive data, give characteristics of study participants (for example demographic information) and information on exposures and potential confounders: page 10, line 207.

9. In discussion, give a cautious overall interpretation of results considering objectives and limitations: page 13, line 242-249, page 14, line 258-268, and line 277-282.

10. Also, discuss the generalizability (external validity) of the study results: page 15, line 281-282.

11. In references, please add doi every reference: page 16-20, line 300-392. Four of articles didn't have doi.

12. In references, please use the abbreviated name of every journal. You can use the Wikipedia OR Index medicos. Page 16-19. Line 300-393.

13. Your text is full of unnecessary information please abbreviate it based on past released article in IJPBS.

Reviewer 2:
In abstract:
1- Mention the year of study: page 1, line 10.

2- Mention the Sampling method: page 4, line 74-76.
3- Please write your keywords in an alphabetic turn and MeSH: page 1, line 22.

Introduction
4- Justify the necessity for your study based on the gap in the previous findings: page 3, line 51-52.
In result, report the cut-off points of this scale: page 5, line 95-97.
Discussion

5- Compare your new findings with the findings of others previous studies: page 13, line 250-255
6- Mention possible explanations for consistency and inconsistency results of your studies with others previous studies: page 13-14, line 250- 268.
7- Do not repeat the results with different words in this section: in result section, some of the repeated results were deleted.

Reviewer 3:
The article is relatively appropriate but has a flaw in the introduction and statistics section.

In the introduction, you should pay more attention to previous studies on this questionnaire. Answer: That is right, but because the aim of this study was validation of the questionnaire for Iranian people and this questionnaire has not yet been evaluated in Iran, so there was not any comparable questionnaire to compare.

In the statistical part, it is necessary to report confirmatory factor analysis. Answer: The confirmatory factor analysis has not been conducted in this study.

Reviewer 4:
Dear authors, thank you
Please add to the end of exclusion criteria: "according to self-report of the participants" if so.
Explain more the procedure of translate- back translate the instrument: page 4, line 80 and page 5, line 100-105.
Clarify whether or not the evaluators in two assessment phases (MMSE and TICS-m were the same): In this article the results of MMSE questionnaire has not been provided.
As far as I understand, you did not administered complementary assessment for the participants identified as having some cognitive impairments based on the results of this tool. In this regard, please explain how could you conclude that it is a reliable instrument for cognitive assessment of elderly people? Answer: This questionnaire was compared with the MMSE and DSM-V, and neurologist assessment, but that results have not been displayed in this article. Because of that, this mistake has occurred. This conclusion was deleted from the conclusion section.

Reviewer 5:
It is a good paper about an important issue but I have some comments.
The keywords are too much and some of them are unnecessary, i.e., NeLSA, PERSIA Cohort, Validity, Psychological tests, elderly, Iran: page 1, line 22
In the measure part in fourth line, the authors wrote, "The 13-item TICS-m questionnaire of Brandt et al. consists of four cognitive dimensions which include …. But the authors write six dimensions. Page 4, line 90.

In the same paragraph, the authors wrote, "Individuals who score 31 ≤ are considered as having "mild cognitive impairment" and those who score ≤ 27 are considered as having "severe cognitive impairment". Is it correct? It seems that it should be ≤ 31: page 5, line 95-97.

In the process of validation part it is better to describe the process of standard forward-backwards translation process: page 5, line 100-105.
Some of the finding brought in the table but the authors repeated them in the text (see the attached file): Answer: the repeated results were deleted.
Some the results repeated in the discussion part (see the attached file). Answer: the repeated results were deleted.
The authors did not write anything about the ethical consideration in their research. Page 15, line 287- 292.
Some of the results repeated in the discussion part. Answer: the repeated results were deleted.

Reviewer 6:
This study is a good work. The introduction section is very well-written. Prepared in fluent and simple English.
But it has some serious methodological problems:
1. Such studies do not require exploratory factor analysis. It would be better if you did a confirmatory factor analysis. Answer: from the statistical view point, because this questionnaire has not yet been assessed in Iran, so we can do exploratory factor analysis.
2. The main reason for the problem in factor loading of propositions in the main factor is due to the type of sample such as their age and also their cognitive status.
3. Factor structure has not been compared with other studies. Studies such as Van den berg et al (2012). They showed factor analysis of the TICS-m items yielded four interpretable factors: "verbal memory," "orientation/mental tracking," "language/reasoning," and "attention/working memory,": the results of this study were also added.
4. Like other studies, it would be better to use MMSE and ACE-R as criterion (concurrent) validity. This questionnaire was compared with the MMSE and DSM-V, and neurologist assessment, but that results have not been displayed in this article
5. It was better to use ROC to distinguish healthy from dementia groups based on TICS-m. Answer: because of the aim of this study, the results of ROC analysis were not displayed in this article.

2 Revision 1

3 comments · 17 Dec 2021 – 11 Feb 2022

Referee 1 Reviewer

ACCEPT 17 Dec 2021

Thank you for the corrections.

Referee 4 Reviewer

ACCEPT 18 Dec 2021

The article can be published with minor modifications without being referred back to the referee.

Editor-in-Chief

ACCEPT 11 Feb 2022

We have completed our review of your manuscript and are pleased to inform you that it is being considered for publication in the IJPBS. Note that the publication of your article will only be finalized upon your cooperation in the editorial process.
Thank you for your fine contribution. On behalf of the Editors of IJPBS, we look forward to your continued contributions to the Journal.