IJ Psychiatry and Behavioral Sciences
Volume 19 · Issue 3 · e161734

OPEN PEER REVIEW

Health Awareness and Dementia Risk Among Older Adults with Hypertension and Diabetes: A Cross-sectional Study in Thailand

Jatuporn Ounprasertsuk, Sufeeya Damuso, Araya Tipwong

SUBMITTED	REVISED	ACCEPTED	DOI
8 Apr 2025	7 Jun 2025	2 Aug 2025	10.5812/ijpbs-161734

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** Pezhman Hadinezhad, Associate Editor, Editor-in-Chief 2
2 **Revision 1** Referee 1, Associate Editor, Editor-in-Chief 5
Authors' reply to reviewers 6
Reviewer and editor comments 10

1 Original submission

3 comments · 18 Apr 2025 – 26 May 2025

Pezhman Hadinezhad Reviewer

MAJOR REVISION 18 Apr 2025

Thanks for the submission. Here are my suggestions:

Abstract

Add the term “cross-sectional study” explicitly within the Objectives to clarify the design.

Include key statistics in the Results (e.g., beta coefficients and p-values) for transparency.

Mention a key limitation, such as reliance on self-reported data or the study’s design, in a single sentence at the end.

Revise the concluding sentence to better emphasize actionable insights, such as targeted intervention strategies or health education initiatives.

Introduction

Condense overly detailed epidemiological statistics and focus instead on synthesizing relevance.

Reorganize for logical flow: present global burden → regional context → national/Thai context.

Clarify the research gap more explicitly by contrasting with prior literature.

Rephrase the research aim in a direct, stand-alone sentence at the end of the introduction.

Avoid redundancy by streamlining overlapping discussions on aging, chronic disease, and cognitive decline.

Methods

Justify the use of purposive sampling, including potential implications for external validity.

Elaborate on the exclusion criteria related to MMSE: clarify how many were excluded and how this might introduce sampling bias.

Discuss the limitations of MMSE: it does not assess executive function, which is critical in early cognitive decline, especially among individuals with diabetes and hypertension. The use of MoCA would have provided a more comprehensive cognitive assessment.

Clarify whether the Perceived Health Awareness scale underwent cultural adaptation or psychometric validation for the Thai population.

Describe the handling of regression assumptions (linearity, multicollinearity, etc.) with summary results or a brief mention of diagnostics.

Mention whether there was any handling of missing data and how it was addressed in analysis.

Results

Correct typographical errors in Table 1 (e.g., “Sigle” → “Single”) and improve formatting for readability.

Add a narrative explanation of the cognitive scores' distribution and interpretation (e.g., normal vs. impaired ranges).

Clarify which items in the regression were significant versus non-significant and whether any model adjustments were made (e.g., stepwise elimination).

Provide the actual number of participants excluded due to low MMSE scores.

Include data visualization (e.g., bar chart or figure) summarizing the significant predictors of cognitive function to enhance clarity.

Discussion

Eliminate redundancy by avoiding repeated points about gender, aging, and chronic illness.

Discuss the limited scope of cognitive domains assessed due to reliance on MMSE, particularly the absence of executive function assessment.

Address the modest explanatory power of the regression model (low R^2) and interpret findings cautiously.

Broaden the discussion on limitations of self-reported physical activity and health perceptions.
Integrate opposing or mixed findings from other literature to demonstrate balanced interpretation.
Strengthen contextualization by linking findings to specific characteristics of rural Thai healthcare access and health literacy challenges.

Implications for Practice and Research
Separate implications into two distinct categories: one for practice (e.g., community programs, health education) and one for research (e.g., tool validation, longitudinal designs).
Provide concrete examples of digital health interventions applicable in low-resource Thai settings.
Suggest pilot testing of tailored health awareness interventions and monitoring their cognitive impact.
Emphasize the need for gender-specific and culturally sensitive strategies.

Limitations
Complete the unfinished sentence ("...provide a more comprehensive.").
Explicitly state that MMSE lacks sensitivity to executive dysfunction, which may underestimate cognitive impairment in at-risk populations.
Discuss the potential "healthy participant bias" from excluding those with lower MMSE scores.
Mention the limitation of not controlling for confounding factors such as medication use, mental health status, and environmental influences.
Note the limited generalizability due to geographic concentration in a single province.

Conclusion
Avoid restating points already discussed; rephrase the final insights to synthesize key takeaways.
Provide a sharper closing sentence that proposes specific future directions (e.g., "Further research should validate culturally adapted tools like MoCA and examine long-term effects of health awareness interventions.").
Emphasize the need for broader population coverage and inclusion of cognitively vulnerable individuals in future studies.
Highlight the importance of incorporating executive function measures for more accurate dementia risk profiling.
Good luck!

Associate Editor

MAJOR REVISION 24 May 2025

Your paper has been evaluated by an external peer reviewer. Please make your revisions according to the reviewer's comments. Revised text must be highlighted in the full manuscript file.

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

Editor-in-Chief

MAJOR REVISION 26 May 2025

Thank you for submitting your manuscript for consideration for publication in the Iranian Journal of Psychiatry and Behavioral Sciences. Your paper has been evaluated by external peer reviewers. Please revise your manuscript according to the reviewers' comments.

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 provided at 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. The full manuscript file must be highlighted to indicate revised text.

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.

Response to Editor and Reviewer Comments

Dear Editor,

Thank you for the opportunity to revise and resubmit our manuscript titled "*Health Awareness and Dementia Risk among Older Adults with Hypertension and Diabetes: A Cross-Sectional Study in Thailand*." We greatly appreciate the constructive feedback from the reviewers and the editor. Below is our point-by-point response to all comments raised by the reviewers.

Response to Reviewer A

We are thankful to the reviewer for their valuable time reading our manuscript and for suggestions to further improve our manuscript for publication. We are also grateful for giving us another opportunity to respond to their comments.

Abstract

Comment: Add the term "cross-sectional study" explicitly within the Objectives to clarify the design.

Response: Thank you for the suggestion. We have added "This cross-sectional study..." to the Objectives section of the abstract.

Comment: Include key statistics in the Results (e.g., beta coefficients and p-values) for transparency.

Response: Beta coefficients and p-values ($\beta = 0.15$, $p = 0.02$; $\beta = 0.17$, $p = 0.01$) have been added to the Results section.

Comment: Mention a key limitation, such as reliance on self-reported data or the study's design, in a single sentence at the end.

Response: A final sentence noting the cross-sectional design and use of self-reported data has been added.

Comment: Revise the concluding sentence to better emphasize actionable insights.

Response: We revised the final sentence to highlight targeted health education and community interventions as actionable strategies.

Introduction

Comment: Condense overly detailed epidemiological statistics and focus on synthesizing relevance.

Response : We streamlined the introduction by condensing statistics and focusing more on the regional and national context.

Comment: Reorganize for logical flow: global burden → regional context → Thai context.

Response : The introduction has been reorganized to reflect this logical flow.

Comment: Clarify the research gap more explicitly.

Response: A clear statement of the research gap was added: "*Few studies have explored the role of health awareness specifically among individuals with chronic diseases such as hypertension and diabetes in Thailand*."

Comment: Rephrase the research aim in a direct, stand-alone sentence.

Response: The aim has been revised as: "*This study aimed to assess the relationship between personal factors, health awareness, and cognitive function among older adults with hypertension and diabetes in Thailand.*"

Methods

Comment: Justify the use of purposive sampling.

Response: We added a rationale explaining that purposive sampling allowed for targeted recruitment of participants meeting specific criteria but may limit generalizability.

Comment: Clarify how many participants were excluded due to MMSE scores.

Response: The number of excluded participants (n = 9) has been added.

Comment: Discuss MMSE limitations.

Response: We noted that MMSE does not assess executive function and acknowledged this limitation.

Comment: Clarify whether the PHA scale was culturally adapted or validated.

Response: We added a description of the translation and validation process, including pilot testing.

Comment: Describe regression assumption diagnostics.

Response: A sentence was added to confirm that all assumptions were tested and met.

Comment: Address handling of missing data.

Response: We noted that cases with missing data were excluded listwise and constituted <5% of the sample.

Results

Comment: Correct typographical errors in Table 1 (e.g., “Sigle” → “Single”).
Response: Corrected.

Comment: Add narrative on cognitive score interpretation.
Response: A paragraph summarizing and interpreting MMSE score ranges was added.

Comment: Clarify significant vs. non-significant predictors in regression.
Response: Non-significant predictors are clearly indicated in the results and discussion.

Comment: Provide number of excluded participants.
Response: This was added (n = 9).

Comment: Include a data visualization (e.g., bar chart or figure) summarizing the significant predictors of cognitive function to enhance clarity.
Response: Thank you for the suggestion. We agree that visual representation can improve clarity. However, we believe that the regression results are already clearly and comprehensively presented in Table 4, which includes both standardized and unstandardized coefficients, standard errors, and significance values. Given the nature of the data and journal formatting preferences, we opted to retain the current table format to ensure clarity and avoid redundancy. Should the editorial team prefer a visual representation, we would be happy to provide a supplementary figure upon request.

Discussion

Comment: Eliminate redundancy on gender, aging, and chronic illness.
Response: Repetitive points were removed or condensed.

Comment: Discuss the MMSE’s limitations more directly.
Response: This limitation was explicitly added.

Comment: Address modest R^2 value.
Response: A sentence was added explaining that the R^2 indicates additional unmeasured variables may influence cognitive function.

Comment: Broaden discussion on limitations of self-reports.
Response: We expanded on this in the Limitations section.

Comment: Integrate contrasting findings from literature.
Response: Opposing views from relevant studies were incorporated to provide a balanced discussion.

Comment: Strengthen contextualization to rural Thai healthcare.
Response: We added a paragraph explaining the barriers to care and health literacy challenges in rural Thai settings.

Implications for Practice and Research
Comment: Separate into practice and research implications.
Response: This section is now divided into two sub-sections with distinct recommendations.

Comment: Provide examples of digital interventions.
Response: We included LINE-based apps and mobile health units as examples.

Comment: Emphasize pilot testing and gender-sensitive approaches.
Response: These points have been incorporated.

Limitations
Comment: Complete unfinished sentence.
Response: The sentence has been completed to reflect a more comprehensive explanation.

Comment: Mention healthy participant bias.
Response: Added a sentence noting the exclusion of cognitively impaired participants may have introduced healthy participant bias.

Comment: Discuss MMSE limitation again.
Response: Reinforced the MMSE limitation, especially regarding executive function.

Comment: Address unmeasured confounders and limited generalizability.
Response: Added mentions of unmeasured variables such as medication use, mental health, and geographic limitation.

Conclusion
Comment: Avoid restating discussion points; synthesize key takeaways.
Response: The conclusion has been revised to succinctly synthesize major findings and suggest specific future directions.

Comment: Highlight tool validation and future directions.
Response: We emphasized the need for validating culturally adapted tools like MoCA-Thai and conducting longitudinal studies.

We greatly appreciate the reviewer's valuable insights, which have significantly improved the clarity and rigor of our manuscript.

Sincerely,
Authors

2 Revision 1

3 comments · 18 Jul 2025 – 2 Aug 2025

Referee 1 Reviewer

ACCEPT 18 Jul 2025

The authors appear to have adequately addressed all reviewer comments and implemented the necessary revisions to the manuscript. Based on the thoroughness of their responses and the improvements made, I recommend acceptance for publication.

Associate Editor

ACCEPT 24 Jul 2025

It is hereby confirmed that after scientific and internal evaluation, the above manuscript is suitable for publication in the IJPBS in my opinion.

Editor-in-Chief

ACCEPT 2 Aug 2025

We have completed our review of your manuscript and are pleased to inform you that it is considered for publication in the Iranian Journal of Psychiatry and Behavioral Sciences. 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 Progress in Psychiatry and Behavioral Sciences, we look forward to your continued contributions to the Journal.