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OPEN PEER REVIEW

Screening Oropharyngeal Dysphagia in Diabetic Patients and Its Potential Impact on Quality of Life

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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

5 comments · 9 Dec 2023 – 18 Dec 2023

Referee 1 Reviewer

MAJOR REVISION 9 Dec 2023

Comments on “The study of oropharyngeal dysphagia occurrence in diabetic patients and its effect on their quality of life”;

General Comment: Throughout the article, grammatical errors need to be corrected.

Abstract:
1- In the abstract, please provide a concise statement outlining the implications of the results.
2- At the beginning of the method, it is necessary to mention the type of study.
3- The words should be consistent. You have used “patient” once, “subject” once, and “people” once.
4- At the end of the method, please include a discussion of how to analyze the data and specify the software utilized for analysis.
5- At the beginning of the results, it is important to mention that “the results showed that”.
6- In the conclusion, let’s further discuss the clinical application of the study.

Introduction:
7- There is little continuity between the first and second paragraphs of the introduction as you abruptly transition from discussing diabetes to swallowing.
8- In paragraph 5, it would be beneficial to mention the studies that have been referenced and provide a brief explanation about them.
9- It is better to include the purpose of the study under a separate subheading.
10- The purpose of the study mentioned at the end of the introduction is inconsistent with the purpose stated in the abstract.
11- Clearly and explicitly mention the importance of conducting the study.
12- In the introduction, it is important to provide a concise overview of the current literature regarding the correlation between diabetes and oropharyngeal swallowing disorder.
13- In the introduction, mention a research gap that serves as the reason for conducting the research.
14- In the objectives, it is important to provide a brief statement emphasizing the importance of achieving these objectives.
15- In the introduction, you have discussed the negative effects of dysphagia on the lives of people with diabetes; it would be better to provide more specific details or examples for a richer understanding of these results.
16- Briefly explain the mechanisms that connect diabetes with dysphagia within a medical context.

Methods
17- At the beginning of the method, it is preferable to specify the type of study and sampling method.
18- It is better to explain how you obtained 268 patients.
19- What do you mean by this phrase? “To increase the possibility of evaluation, the age range of subject was 18-65”
20- What do you mean by this phrase? “As the study detected dysphagia related to diabetes so, patients had to show no signs of any systematic or structure in the past that might let any form of dysphagia”
21- The use of the term "systematic" might be a typographical error; it is recommended to clarify this term or use an appropriate alternative.
22- The inclusion criteria for selecting patients with type 2 diabetes mellitus should be explicitly stated.
23- You did not mention informed consent in the discussion of ethical considerations.

24- When you have the subheading of data collection, it is no longer necessary to include the subheading of tools and list the main tools used for collecting demographic information.
25- Mention how to identify and select participants.
26- Explain the reason for excluding older people to avoid the effect of senility on swallowing function.
27- In the inclusion criteria, specify how the exclusion of people with thyroid disorders or tumors is determined, whether it is through medical record review or self-reporting.
28- Please provide information about the time frame during which the data were collected.
29- Add a subheading for data analysis and mention statistical analysis methods for analyzing the relationship between factors and test scores.
30- It is better to include a subheading for the procedure in the method section and provide an explanation of the method used for the procedure.
31- After the procedure, it is better to add a subheading titled scoring method and include the same content that you have written in the last paragraph of the method.
32- At the end of the method, it is advisable to specify the data analysis method as well as the statistical software used.

Results:
33- In Table 1, you specified the range but did not report the corresponding number.
34- Please rearrange Table 1 in a more organized manner.
35- In Table 2, you have stated: “Table 2 shows that females were found to have higher mean scores of MASA and P-DHI compared to males”. However, the average score for women is 194.16, and the average score for men is 195.86!
36- The term “modes of Insulin injection” in Table 2 might be a typographical error and needs clarification.
37- Instead of “mood of treatment”, “the type of treatment” or “mode of treatment” should be given.
38- In Table 2, please include the effect of insulin injection on quality of life.
39- In the paragraph related to Table 3, when referring to the relationship involving the MASA item, wouldn’t it be more appropriate to use regression instead of correlation, given that we are discussing expectations and predictions? Since you are talking about expectations and predictions, isn't it better to use regression instead of correlation?
40- It is better to use the term ANOVA test instead of ANOVA technique.
41- Please provide a reference or a brief explanation for the division of diabetes into two groups: those with a duration of less than 5 years and those with a duration of 5 years or more.
42- Please provide additional information about the participants whose MASA scores fall below 178.
43- In the correlation analysis, explain the practical significance of the negative correlation between MASA score and age or disease duration.
44- The P-values in Table 2 and Table 3 should be reported as decimals (e.g., 0.008 instead of 0<0.0001) for accuracy and clarity.

Discussion
45- At the beginning of the discussion, let’s reiterate the purpose of the study.
46- The phrase “Besides, the effect of aging on the changes in the physiology of swallowing was considered as” needs grammatical correction regarding the reason.
47- Please provide an explanation of the study in terms of the mode of treatment.
48- In the previous sections, you did not mention the diet of people with diabetes. However, in paragraph 4, you explain it. Why is that?
49- It would be better to add a conclusion subheading to the last paragraph and move that paragraph to that section.
50- It is better to add the subheading “Future Studies” after the discussion.

51- Please mention the limitations of the study under a separate subheading.
52- Please mention the clinical implication of the study.

53- In the discussion, elaborate on the practical significance of the negative correlations found in the Pearson correlation analysis.
54- You mentioned the potential effect of an unhealthy diet on dysphagia. Please provide one reason why the study results do not support this effect.
55- You mentioned that insulin use is an accurate indicator of the severity of diabetes. Could you also discuss a clinical implication of the relationship between dysphagia and quality of life?
56- You mentioned the limitation of conducting the study in only one city. Let's further discuss the regional variability in eating habits and how it might impact the generalizability of the results.
57- It is best to discuss potential differences in dysphagia patterns between type 1 and type 2 diabetes.

Referee 2 Reviewer

MAJOR REVISION 10 Dec 2023

Dear authors
Thank you very much for considering the MEJRH for publication of your article. I read the paper a few times, and the methodology looks okay. However, there were big concerns that I need you to check and resolve as much as you can. Below are my comments to help you improve the quality of the manuscript.
1- Your title is vague. I think you have done the present study to screen for oropharyngeal dysphagia in patients with diabetes mellitus and assess its possible effects on patients' quality of life, rather than the different aims suggested to me by the present title, "the study of oropharyngeal dysphagia occurrence in diabetic patients and its effect on their quality of life".
2- What is the novelty of your work?
3- Your introduction is not persuasive enough. Please revise it.
4- Among 286 participants, only one patient had dysphagia according to the MASA score: (The highest possible score is 200. Score: 184-200 = no abnormality; 174-183 = mild; 164-173 = moderate; ≤163 = severe). I cannot see any reason for running some of the statistics on your data, for example, those in tables 2 & 3. It is obvious that the MASA score will decrease with age and duration of the disease. I cannot find any proper reason why you have performed these statistical analyses.
5- P-DHI: what is your benchmark for interpreting the P-DHI score? What score could be considered low? Medium? … I have had a look at "Validity and Reliability of the Persian Version of the Dysphagia Handicap Index (DHI); Faezeh Asadollahpour, Kowsar Baghban, and Mozhgan Asadi", and I realized there is no such score in it. However, they have included healthy participants and provided some scores for each subcategory. I compared your findings with theirs, and I cannot see any significant difference between your total DHI score and that of their controls, while a significant gap could be detected between patients with diabetes and their patients with dysphagia.
6- If I were you, I would discuss the only patient with a score below 184 and define different aspects of that specific case.
7- In summary, your title, introduction, material, methods, results and discussion need in-depth revisions.
8- Please use numbering for your headings.
9- Please add line numbers.
All the best

Referee 3 Reviewer

MAJOR REVISION 16 Dec 2023

Dear Associate-Editor

I have reviewed the manuscript titled "The study of oropharyngeal dysphagia occurrence in diabetic patients and its effect on their quality of life". The current version of the manuscript needs several revisions, especially regarding scientific writing and English grammar.

I'm uploading my comments as a Word file for the authors.

Best.

Associate Editor

MAJOR REVISION 18 Dec 2023

Dear EIC,
The manuscript has been reviewed, and there are some comments that should be addressed by the author. Based on these comments, the document needs major revision.
Kind regards

Editor-in-Chief

MAJOR REVISION 18 Dec 2023

Dear Authors
According to the reviewers' and associate editor's comments, your article needs major revision. When revising your manuscript, please consider all issues mentioned in the reviewers' comments carefully: please outline every change made in response to their comments and submit the required files.

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.

Dear sir/madam

All your valuable comments have been read carefully, and the text has been corrected. The changes which have been highlighted in the article. Besides, in some cases to clarify the reason, more explanation have been provided as below.

Answers to Reviewer Comments: Reviewer #1

1. Comment: Your title is vague. I think you have done the present study to screen the oropharyngeal dysphagia in patients with diabetes mellitus and its possible effects on patients' quality of life, not the present title that brings different aims to my mind "the study of oropharyngeal dysphagia occurrence in diabetic patients and its effect on their quality of life".
   Reply: It has been changed as you mentioned.

2. Comment: What is the novelty of your work?
   Reply: Specific changes that happen to the quality of life due to dysphagia caused by diabetes was the novelty of the recent study.

3. Comment: Your introduction is not persuading enough. Please revise it.
   Reply: It has been revised.

4. Comment: In 286 participants, only one patient had dysphagia according to the MASA's score: (The highest possible score is 200. Score: 184-200 = no abnormality; 174-183 = mild; 164-173 = moderate; ≤163 = severe). I cannot see any reason for running some of the stats on your data for example: tables 2 & 3. It is obvious that MASA score will decrease with age and duration of the disease. I cannot find any proper reason why you have done these stats.
   Reply: Table 2 evaluates 2 important variables (modes of treatment and sex) and it was based on our objectives. In table 3, as you mentioned it is obvious that by rising age and duration, we see lower score. However, the same change has not been found in quality of life, and it was our findings and the reason of presenting table 3.

5. Comment: P-DHI: what is your benchmark to interpret the P-DHI score? What score could be considered as low? Medium? … I have had a look into the "Validity and Reliability of the Persian Version of the Dysphagia Handicap Index (DHI); Faezeh Asadollahpour, Kowsar Baghban, and Mozhgan Asadi", and I realized there is not such score in there, however, they have included healthy participants and provided some scores for each subcategory. I compared your findings with theirs, and I cannot see any significant difference between your total score in DHI and their controls, while a significant gap could be detected among patients with diabetes and their patients with dysphagia.
   Reply: As you mentioned P-DHI just shows general severity. We could evaluate the impact of each variable on the quality of life. However, we couldn't divide scores into several groups.

6. Comment: If I was you, I would discuss the only patient with score below the 184 and define different aspects of that specific case.
   Reply: More information about the patient has been added in the text below table 1.

7. Comment: In summary, your title, introduction, material, methods, results and discussion needs in-depth revisions.
   Reply: Based on journal requirements, there is no summery subheading and section. Therefore, the word of summery was changed into “by and large”.

8. Comment: Please use numbering for your headings.
   Reply: Changes have been applied.

9. Comment: Please add line numbers.
   Reply: Changes have been applied.

Answers to Reviewer Comments: Reviewer #2

1. Comment: **Oropharyngeal dysphagia in diabetic patients and its effect on their quality of life**
   Reply: Based on the comments of the 3 reviewers, the title of the recent article has been changed to “Screening oropharyngeal dysphagia in diabetic patients and its possible effects on their quality of life”.

2. Comment: This paragraph needs English editing.
   Reply: It has been edited.

3. Comment: Two hundred-sixty eight
   Reply: The number of patients has been changed as you mentioned.

4. Comment: Please add the number of men and women participated in the study.
   Reply: The number of women and med has been added separately.

5. Comment: Participants
   Reply: Based on the all reviewers’ comments, all the words “subjects”, ”participants”, and ”people with diabetes” have been changed to the word “patients”.

6. Comment: Please add p-value and related data to this section.
   Reply: It has been added.

7. Comment: Should be expanded
   Reply: conclusion of the introduction has been expanded.

8. Comment: Add “dysphagia” and “swallowing disorders”
   Reply: The key words you have mentioned have been added.

9. Comment: The introduction part does not have proper coherence and continuity. This part should be summarized in two paragraphs, not many sentences.
   Reply: The introduction has been changed a lot. Also, based on the author guide of the journal, limitation of content's words, and limited number of tables, key information of the introduction couldn't be summarized.

10. Comment: This section has several grammatical errors. micro vascular, macro vascular
    Reply: This paragraph has been checked grammatically online, however, no errors have been found.

11. Comment: Please add statistical analysis section at the end of methods section
    Reply: It has been added.

12. Comment: The amount of manuscript tables are very high. Please delete some tables and write their data in the text of the manuscript.
    Reply: Based on the author guide which five tables were allowed and limitation of content's words, the authors needed to present five tables.

13. Comment: The first part of the discussion should deal with an introduction related to the objectives of the study.
    Reply: This part has been added.

14. Comment: Please add the limitations of the study at the end of discussion section.
    Reply: lack of a proper test was the biggest limitation which was mentioned in the line 43.

15. Comment: Please write the conclusions of the study as the final section of the discussion (as a separate section).
    Reply: It has been studied.

Answers to Reviewer Comments: Reviewer #3

1. Comment: In the abstract, please provide a concise statement outlining the implications of the results.
   Reply: It was added in conclusion. Finding signs of dysphagia in patients with diabetes helps researchers take proper steps toward developing a new tool for screening dysphagia among these patients.

2. Comment: At the beginning of the method, it is necessary to mention the type of study.

Reply: The phrase “cross-sectional study” was added to the first line of method.

3. Comment: The words should be consistent. You have used “patient” once, “subject” once, and “people” once.
   Reply: All of them have been changed to patients.

4. Comment: At the end of the method, please include a discussion on how to analyze the data and specify the software utilized for analysis.
   Reply: It was added based on your valuable comment at the end of the method.

5. Comment: At the beginning of the results, it is important to mention that "the results showed that"
   Reply: It was changed.

6. Comment: In conclusion, let’s further discussion the clinical application of the study.
   Reply: It was added in the conclusion of abstract and also was added at the end of the introduction. Some studies evaluate relationship between variables, and these relationships help therapists predicate some signs. For instance, in the recent study a relationship was found between extending duration of diabetes and occurrence of dysphagia; thus, this helps therapists predicate dysphagia in patients with long duration of diabetes. Also, when they treat patients with the long duration of diabetes, they are aware that they should evaluate dysphagia.

Introduction

7. Comment: There is little continuity between the first and second paragraphs of the introduction as you abruptly transition from discussing diabetes to swallowing.
   Reply: For better continuity the sentence” Diabetes can lead to dysfunction of” was added.

8. Comment: In paragraph 5, it would be beneficial to mention the studies that have been referenced and provide a brief explanation about them.
   Reply: A brief explanation of the two most-related ones was added in paragraph 5.

9. Comment: It is better to include the purpose of the study in a separate subheading.
   Reply: A new paragraph for presenting aim was added. Also, there is no this subheading based on journal requirements.

10. Comment: The purpose of the study mentioned at the end of the introduction is inconsistent with the purpose stated in the abstract.
    Reply: The objects in the abstract was changed to mention the same things as aims in the introduction.

11. Comment: Clearly and explicitly mention the importance of conducting the study.
    Reply: The necessity of the study was added at the end of the introduction.

12. Comment: In the introduction, it is important to provide a concise overview of the current literature regarding the correlation between diabetes and oropharyngeal swallowing disorder.
    Reply: To our knowledge, there were generally two studies regarding the impact of diabetes on the swallowing, which had been mentioned completely in the fifth paragraph of the introduction.

13. Comment: In the introduction, mention a research gap that serve as the reason for conducting the research.

Reply: It was mentioned in the fifth paragraph of the introduction.

14. Comment: In the objectives, it is important to provide a brief statement emphasizing the importance of achieving these objectives.
    Reply: The necessity of the study was added at the end of the introduction and in the paragraph for objectives in the abstract.

15. Comment: In the introduction, you have mentioned more about the negative aspects of dysphagia on the lives of people with diabetes, it would be better to provide more specific details or examples for a richer understanding of these results.
    Reply: In the articles, it was mentioned that diabetes has adverse impacts on the quality of life, but specific changes that happen to the quality of life due to dysphagia caused by diabetes was the novelty of the recent study.

16. Comment: Briefly explain the mechanisms that connect diabetes with dysphagia within a medical context.
    Reply: The mechanisms which connect diabetes with dysphagia were explained in the paragraphs 3 and 4 in the introduction.

Method

17. Comment: At the beginning of the method, it is preferable to specify the type of study and sampling method.
    Reply: It was added in the first line of the method. The method of sampling had to be convenient because during conducting the study people preferred to stay at home, and they reluctantly participated in the study because of pandemic of Covid. That is why collecting samples lasted for 3 months.

18. Comment: It is better to explain how you obtained 268 patients
    Reply: It was added to the second and third line of subjects.

19. Comment: What do you mean by this phrase?" To increase the accuracy of evaluation, the age range of subject was 18-65"
    Reply: The study wanted to merely assess the impact of diabetes type 2 on swallowing. WHO mentioned that aging affects body after 65 years old. Besides, diabetic type 1 develops in juveniles.

20. Comment: What do you mean by this phrase? "As the study detected dysphagia related to diabetes so, patients had to show no signs of any systematic or structure in the past that might let any form of dysphagia"
    Reply: Because in the recent study, we just intended to merely study the effect of diabetes on swallowing, we had to avoid other sicknesses that may lead to diabetes. Systemic means affecting the entire body, rather than a single organ or body part. For example, systemic disorders, such as high blood pressure affect the entire body. On the other hand, some diseases that cause dysphagia are structural, such as cleft palate. Both terms systematic and structural disease were written in the source number 6, which was one of the two articles that support the recent study.
21. Comment: The use of the term "systematic" might be a typographical error; it is recommended to clarify this term or use an appropriate alternative.
    Reply: It was answered in the previous comment.

22. Comment: The inclusion criteria for selecting patients from type 2 diabetes mellitus should be explicitly stated.
    Reply: line 8 of the subjects are describing this inclusion criteria explicit.

23. Comment: You did not mention informed consent in the discussion of ethical considerations.
    Reply: It was added to the procedure.

24. Comment: When you have the subheading of data collection, it is no longer necessary to include the subheading of tools and list the main tools used for collecting demographic information.
    Reply: Subheading of the instrument was deleted, and the content was added to the end of data collection.

25. Comment: Mention how to identify and select participants.
    Reply: It was answered and corrected in the comment 17.

26. Comment: Explain the reason for excluding older people to avoid the effect of senility on swallowing function.
    Reply: It was answered and corrected in the comment 19.
27. Comment: In the inclusion criteria, specify how the exclusion of people with thyroid disorders or tumors is determined, whether it is through medical record review or self-reporting.
    Reply: the phrase self-reporting was added in the line 3 of data collection.

28. Comment: Please provide information about the time frame during which the data was collected.
    Reply: It was added in line 4 in subject section.

29. Comment: Add a sub-heading for data analysis and mention statistical analysis methods for analyzing the relationship between factors and test scores.
    Reply: The paragraph of data analysis was added.

30. Comment: It is better to include a subheading for the procedure in the method section and provide an explanation of method used for procedure.
    Reply: The paragraph of procedure was added.

31. Comment: After the procedure, it is better to add a sub-heading titled scoring method and include the same content that you have written in the last paragraph of the method.
    Reply: It was changed based on your valuable comment.

32. Comment: At the end of the method, it advisable to specify the data analysis method as well as the statistical software used.
    Reply: It was answered and changed in the comment 29.

Results:

33. Comment: In Table 1, you specified the range but did not report the corresponding number.
    Reply: only age and duration of diabetes had range which were mentioned.

34. Comment: Please rearrange Table 1 in a more organized manner.
    Reply: It was changed based on your valuable comment.
35. Comment: In Table 2 you have stated that: “Table 2 shows that females were found to have higher mean scores of MASA and P-DHI compared to males”. While the average score for women is 194.16; and the average score for men is 195.86!
    Reply: It was corrected in the text below the table.

36. Comment: The term “modes of Insulin injection” in Table 2 might be a typographical error and needs clarification.
    Reply: The phrase “the mode of treatment” has been used as it was used in the source number 6. However, the term “modes of Insulin injection” has never been used in the recent study.

37. Comment: Instead of “mood of treatment”, “the type of treatment” or “mode of treatment” should be given.
    Reply: It was changed to “mode of treatment”.

38. Comment: In Table 2, please include the effect of insulin injection on the quality of life.
    Reply: It was explained more.

39. Comment: In the paragraph related to Table 3, when referring to the relationship between the MASA items, wouldn’t it be more appropriate to use regression instead of correlation, given, that we are discussing expectations and predictions? Since you are talking about expectations and predictions, isn't it better to use regression instead of correlation?
    Reply: The paragraph related to correlation between one item and score of the mentioned test was removed based on your valuable comment.

40. Comment: It is better to use the term ANOVA test instead of ANOVA technique
    Reply: It was changed.

41. Comment: Please provide a reference or a brief explanation for the division of diabetes into two groups: those with duration of less than 5 years and those with a duration 5 years and more.
    Reply: A related reference was added.

42. Comment: Please provide additional information about the audience whose MASA score falls below 178.
    Reply: more information about the patient was added below table 1.

43. Comment: In correlation analysis, explain the practical significance of the negative correlation between MASA score and age or disease duration.
    Reply: In the MASA test when patients get higher score, it means they are closer to a healthy swallowing. Therefore, as patients get older, they suffer more from dysphagia, and the score of MASA reduces.

44. Comment: The P-values in Table 2 and Table 3 should be reported as decimals (e.g., 0.008 instead of 0<0.0001) for accuracy and clarity.
    Reply: It was changed based on your valuable comment.

Discussion

45. Comment: In the beginning of the discussion, let’s reiterate the purpose of the study.
    Reply: The purpose was added as you mentioned.

46. Comment: The phrase “Besides, the effect of aging on the changes in the physiology of swallowing was considered as “ the reason needs grammatical correction
    Reply: Each phrase were separated by quotation.

47. Comment: Please provide an explanation of the study in terms of the mode of treatment
    Reply: It was answered in comment 36.

48. Comment: In the previous sections, you did not mention the diet of people with diabetes. However, in paragraph 4, you explain it, why is that?
    Reply: The paragraph related to diet was deleted as you mentioned.

49. Comment: It would be better to add a conclusion subheading to the last paragraph and move that paragraph to that section.
    Reply: Based on the author guide of the Middle East Journal there is no subheading for conclusion.

50. Comment: It is better to add the subheading “Future Studies” after the discussion.
    Reply: Based on the author guide of the Middle East Journal there is no subheading for future studies.

51. Comment: Please mention the limitations of the study in a separate subheading.
    Reply: Based on the author guide of the Middle East Journal there is no subheading for limitations.
52. Comment: Please mention the clinical implication of the study

53. Comment: In the discussion, elaborate on the practical significance of the negative correlations found in the Pearson correlation analysis.
    Reply: It was answered in the comment43.
54. Comment: You mentioned the potential effect of an unhealthy diet on dysphagia. Please provide one reason why the study results do not support this effect
    Reply: The effect of diet was not the aim of this study, and experts in nutrition field can conduct research on that.

55. Comment: You mentioned that insulin use is an accurate indicator of the severity of diabetes. Could you also discuss a clinical implication of the relationship between dysphagia and quality of life?
    Reply: Injecting insulin as an indicator of severity of diabetes was found in the previous studies, but this study found that sever diabetes affects quality of life. This finding was the novelty of the present study.

56. Comment: You mentioned the limitation of conducting the study in only one city. Let’s further discuss the regional variability in eating habits and how it might impact the generalizability of the results.
    Reply: The part related to eating habit was removed.

57. Comment: It is best to discuss potential differences in dysphagia patterns between Type 1 and Type 2 diabetes.
    Reply: The age range of type 1 was totally different from type, and type 1 was not the aim of the present sudy.

Kind regards,

2 Revision 1

5 comments · 26 Dec 2023 – 1 Jan 2024

Referee 1 Reviewer

MINOR REVISION 26 Dec 2023

The corrections to the article titled "Screening oropharyngeal dysphagia in diabetic patients and its possible effects on their quality of life" have been made well. At this stage, the article only requires further revisions. After these revisions, the article can be published in the Middle East Journal of Rehabilitation and Health Studies.

-Which areas of quality of life may be affected?
-Why does diabetes lead to dysphagia?
-What are the statistics related to the rising global prevalence?
-Determining the characteristics of the disease and demographics using self-report data causes recall bias.
-How are special tests performed, and how are the data collected in the data collection process?
-For P-DHI and MASA, explain more about the methodology of these tests, including validity and reliability.
-In the procedure, describe how the inclusion criteria are checked, what the sequence of the tests is, and how interaction with the patient takes place.
-Explain why age and diabetes duration correlate with MASA scores.
-How was the cut-off for MASA determined?
-Report the 95% confidence interval for the mean scores to show the accuracy of the estimates.
-Discuss more comprehensively the limitations of MASA in terms of its potential limitations in detecting diabetes-related dysphagia.
-In the analysis section, could you have used a multivariate analysis that could have controlled for confounding variables?
-Mention the differences between A-EAT-10 and P-DHI.
-In future studies, mention the design of new screening tools.
-In "attributing sex differences in dysphagia to higher neuropathy prevalence in females", mention the reference.
-In the limitations of the study, include available sampling and the lack of a control group.

Referee 2 Reviewer

ACCEPT 30 Dec 2023

Dear Author/s
Hi,
Well done.
The corrections have been made. The Editor in Chief is responsible for the final decision.
Best regards

Referee 3 Reviewer

ACCEPT 30 Dec 2023

Dear Editor

All of my comments were considered by the authors, and the manuscript can be published in the journal.

Best.

Associate Editor

MINOR REVISION 31 Dec 2023

Dear EIC
The reviewers have recommended publication, but also suggest some minor revisions to the manuscript. Therefore, I invite the author to respond to the reviewers' comments and revise his manuscript.
Kind regards,

Editor-in-Chief

MINOR REVISION 1 Jan 2024

Dear Authors
Based on the reviewers' and associate editor’s comments, your article requires minor revision. When revising your manuscript, please consider all issues mentioned in the reviewers' comments carefully: please outline every change made in response to their comments and submit the required files.

3

Revision 2

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.

Dear reviewer,

All your precious comments have been read carefully. The answer for the comments have been written below.

1. Comment: Which areas of quality of life may be affected?

Reply: The areas of life which have been affected were not the aims of the study, but the P-DHI test we have used evaluated 3 aspects of life (functional, emotional, and physical). These aspects have been mentioned in the line 29 and 30 in data collection.

2. Comment: What is the cause of diabetes leading to dysphagia?

Reply: Diabetes may lead to dysphagia with 2 ways which have been explained from the line 16 to 33 in the introduction.

3. Comment: What are the statistics related to the global rising prevalence?

Reply: the statistics have been added in the line 1 before method.

4. Comment: Determining the characteristics of the disease and demographics using self-report data causes recall bias.

Reply: There are self-reported swallowing assessments which are sets of questions that patients must answer themselves such as EAT-10. Besides, in order to avoid effect of aging, all the patients were between18 to 65. Therefore, they could answer questions about daily routine.

5. Comment: How are special tests performed and how are the data collected in the data collection process?

Reply: Two paragraphs related to procedure and data analysis has been added to make more precise explanation of conducting the experiments. However, both tests have complete instructions.

6. Comment: For P-DHI and MASA, explain more about the methodology of these tests, including validity and reliability.

Reply: Both tests have complete instructions that due to limitation of number of words, couldn’t be written here completely. Hence, how to conduct the tests has been referred to sources and only necessary information about them has been written.

7. Comment: In the procedure, write how the inclusion criteria are checked, what is the sequence of the tests and how the interaction with the patient is.

Reply: The information which you asked for has been written from the line 35 to 38 in the procedure.

8. Comment: Explain why age and diabetes duration correlate with MASA scores.

Reply: The reason for correlation between age and MASA was mentioned in the line 6 of the result, and the reason for correlation between duration of diabetes and MASA score has been written form the line 23 to 28 in the discussion

9. Comment: How was the cut-off for MASA determined?

The cut-off point for MASA has been given from the instruction of the test.

10. Comment: Report the 95% confidence interval for the mean scores to show the accuracy of the estimates.
    Comment: Discuss more comprehensively the limitations of MASA in terms of its potential limitations in detecting diabetes-related dysphagia.

Reply: The limitation of the MASA test, and why we used it in spite of its limitation has been explained from the line 40 to 43 in discussion.

11. Comment: In the analysis section, could you have used a multivariate analysis that could have controlled for confounder variables?

Reply: Regarding the fact that only relationships between variables have been intended to evaluate, the word “association” has been changed to relationship.

12. Comment: Mention the differences between A-EAT-10 and P-DHI.

Reply: P-DHI is a questionnaire for evaluating of the quality of the life, that has been illustrated form the line 28 to 32 in the data collection, but A-EAT-10 is screening tool for screening dysphagia, and it has not been used in the recent study.

13. Comment: In future studies, mention the design new screening tools.

Reply: It has been mentioned in the line 45 of discussion.

14. Comment: In "attributing sex differences in dysphagia to higher neuropathy prevalence in females", mention the reference.

Reply: Source number 23 has been given in the line 13 of discussion.

15. Comment: In the limitations of the study, include available sampling and the lack of a control group.

Reply: Based your valuable comment, available sampling has been mentioned in the paragraph before conclusion. However, control group is for studies that researchers manipulate one variable, and the recent study was merely describing.

3 Revision 2

1 comment · 2 Jan 2024

Editor-in-Chief

ACCEPT 2 Jan 2024

Dear Authors
We are pleased to inform you that your article is accepted for publication in the MEJRHS. We hope to receive other suitable articles from your group.