OPEN PEER REVIEW

Open Peer Review (OPR)

As a new feature for progressing towards transparency, we decided to open a new window for all of our editors as well as authors titled "**Peer Review**". We hope by this new facility, our reviewers will be more motivated and authors will be more satisfied with the review process. We believe that publishing our peer review reports could make a transparent and clear environment for all our efforts within a journal, but not all reviewers tend to publish their comments.

What is "Open Peer Review" process?

An "Open Peer Review" process is making the details of all review process (including reviewers, associate editors, and EICs comments) as "Public" as it is agreed by EIC, Authors, and reviewers.

Advantages of "Open Peer Review" process

- More transparency, constructiveness and tactful comments of the peer review process: leads to an increase in the quality of reviews
- More motivations for all involved roles in the review process
- Authors' satisfactions from the review process: Increases honesty between authors and reviewers
- Education of both authors and new students
- Prevents reviewers from following their individual agendas and leading to the detection of reviewers' conflicts of interests

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Peer Review

Middle East Journal of Rehabilitation and Health Studies
Article DOI: https://doi.org/10.5812/mejrh-163727
Published in: Middle East Journal of Rehabilitation and Health Studies: 13(1) ; e163727

Peer Review Report for "Optimization of Transcranial Direct Current Stimulation Protocols for Enhancing Cognitive Function in Healthy Older Adults: A Systematic Review"

Author(s): Zeinab Fathipour-Azar, Jafar Masumi, Fatemeh Fekar Gharamaleki, Mersad Ery, Elahe Mousavi

Review Timeline:

Submit Date:	10 Jun 2025
Revised Date:	23 Aug 2025
Accepted Date:	25 Aug 2025

Revision (0)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE : Reviewer

6 Jul 2025

Dear Associate Sditor
Thank you for the opportunity to review the manuscript. The manuscript needs major revision. In general, an interesting and important topic. The comments to the authors are given below:

1- Is this review PROSPERO registered, and if so, what is its registration number?
2- The Introduction should answer the question ‘Why:’ Why did you choose that topic for your research; why it is important; why did you adopt a particular method or

approach; and so on. You should clearly state either your hypothesis or research question. Describe your research question in a separate title.
3- The PICO framework is useful for developing research questions and search terms.
4- Explain how was the risk of bias measured?
5- Was a search performed in the RCT registration system?
6- Authors should explain the results, references to previous research, interpretations and implications or recommendations

REFEREE : Associate Editor

23 Jul 2025

Dear EIC
The study holds strong scientific potential but is currently weakened by methodological, structural, and editorial flaws. Enhancing the quality appraisal methods, clarifying objectives and findings, and deepening the discussion will make the manuscript significantly stronger and potentially suitable for publication:

Abstract

Lines 5–8: The abstract lacks a clear structure (Introduction, Methods, Results, and Discussion). The components are blended together without distinct transitions. Rewrite the abstract to follow a clear four-part structure: objective, methods, results, and conclusion.

Lines 9–14: The methodology description is overly general and omits reference to the tools used for quality appraisal (e.g., RoB tools). Clearly state key numerical findings (e.g., mean SMD and confidence intervals).

Lines 18–21: Mentioning “factors influencing individual responsiveness” in the results section is overly interpretive and better suited for the discussion section. If study quality assessment was performed, explicitly mention the instrument used.

Introduction

Lines 50–58: The research gap is not explicitly defined. While inconsistent findings are mentioned, the critical gaps in the literature are not identified with precision. Dedicate a separate paragraph to explicitly describe the research gap (e.g., lack of standardized tDCS protocols in cognitively intact older adults).

Lines 59–67: The study objectives are mixed with descriptive commentary and lack a final, concise aim statement. Present the study objectives clearly and concisely, ideally in bullet points or in a mission-style concluding sentence at the end of the introduction.

Methods

Line 81: Simply stating adherence to PRISMA guidelines is insufficient without

attaching the PRISMA checklist or mentioning PROSPERO registration. Attach the PRISMA checklist and, if applicable, provide the PROSPERO registration number.

Lines 90–98: No mention is made of the use of standardized risk-of-bias tools (e.g., Cochrane RoB 2 or PEDro). Use a recognized tool (e.g., RoB 2) to assess the risk of bias and report its results in a separate table.

Lines 83–86: The screening process mentions Covidence but lacks detail (e.g., inter-reviewer agreement or use of Kappa statistics). Clarify the review process, including inter-rater reliability statistics (e.g., Cohen's Kappa) if available.

Results

Table 2: Key variables such as the number of tDCS sessions or electrode configuration are inconsistently reported or formatted. Reformat Table 2 to include standardized columns for "Number of sessions", "Target site", and "Effect direction".

PRISMA Flowchart (Figure 1): Lacks detailed reasons for exclusion. For instance, "Age range: 11" is vague and insufficient. Revise the PRISMA diagram to comply with official PRISMA standards and provide detailed reasons for article exclusion.

Discussion and Conclusion

Lines 152–158: Restates findings without deeper analytical insights or direct comparisons with previous meta-analyses. Compare findings explicitly with recent meta-analyses (e.g., [22], [40]) using structured comparisons or a summary table.

Lines 189–197: Limitations are listed broadly (e.g., "heterogeneity"), but specific contributing factors (e.g., cognitive tasks, stimulation sites) are not discussed. Divide limitations into three distinct categories: study-level, methodological, and review-level limitations.

Lines 211–213: The study's contribution to the literature is stated vaguely and lacks a strong concluding statement. Include a strong final sentence, such as: "This review extends prior work by demonstrating that…", to clearly articulate the added scientific value.

References

Lines 243–384: Reference formatting is inconsistent. Some entries include the year after the title, while others place it differently. Also, the reference style does not conform to a standardized format of this journal. Some references are outdated (e.g., ref 250 from 2015) without a clear justification for inclusion. Fully revise references to align with the journal's preferred citation style. Remove outdated or redundant citations and prioritize recent, high-quality meta-analyses and RCTs.

Fatemeh Ehsani : EIC

26 Jul 2025

Dear Authors
According to the reviewers and associate editor’s comments, your article needs to be revised majorly. 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 up two months.

OPEN PEER REVIEW

Revision (1)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

Editor-in-Chief

2025

Dear,

Thank you for your insightful ideas and comments regarding this important aspect of our research. We appreciate your valuable comments. We have addressed all comments one by one, listing them separately in the table below and the manuscript, and highlighted them in yellow for Reviewer 1 and in green for the Associate Editor's Comment. Also, we added the visual abstract for better presentation of the manuscript.

Yours sincerely,

Authors

Table of responses for comments

Row	Comments	Responses
	Reviewer 1	
1	Is this review PROSPERO registered, and if so, what is its registration number?	This review is not registered with PROSPER.
2	The Introduction should answer the question 'Why:' Why did you choose that topic for your research; why it is important; why did you adopt a particular method or approach; and so on. You should clearly state either your hypothesis or research question. Describe your research question in a separate title.	Cognitive decline among older adults is a growing global health challenge with significant personal and societal burdens. Existing treatments are limited, prompting a need for innovative non-pharmacological interventions. Identifying effective and safe interventions to promote cognitive health in aging populations is essential for maintaining quality of life and functional independence. A systematic review of RCTs provides the highest level of evidence by rigorously evaluating the efficacy of tDCS across diverse study designs and participant populations, ensuring reliable conclusions.
3	The PICO framework is useful for developing research questions and search terms.	The search terms and inclusion/exclusion criteria were developed and guided by the PICO framework to ensure a focused and systematic literature retrieval. Our keyword selection specifically reflected each PICO component as follows: Terms such as "older adults" and "aging" were used to capture studies involving the target demographic of healthy older individuals (Population). Keywords included "transcranial direct current stimulation" and its abbreviation "tDCS" to identify relevant non-invasive brain stimulation interventions (Intervention). Search terms such as "sham stimulation" and "control" were incorporated to distinguish between active intervention and control groups (Comparison). Keywords related to cognitive health, including "cognitive function," "memory," and other cognitive performance indicators, were included to target

		relevant study outcomes (Outcomes).
4	Explain how was the risk of bias measured?	The methodological quality and risk of bias of included studies were critically appraised and are detailed in the Results section, with summaries provided in Tables 1 and 2. Quality assessment was conducted independently by two reviewers, with discrepancies resolved by discussion. Two independent reviewers performed the risk of bias assessment for each study, with disagreements resolved through discussion or consultation with a third reviewer. Each domain was rated as low, high, or unclear risk of bias. The overall risk of bias judgment for each study was then summarized to evaluate the robustness of evidence included in the review.
5	Was a search performed in the RCT registration system?	Because it is a review study, we did not need an ethical approval code typically required for primary RCT research involving human participants. Instead, we had an ethical approval or registration code for conducting the systematic review itself.
6	Authors should explain the results, references to previous research, interpretations and implications or recommendations.	It was done in the discussion section.
Associate Editor's Comments:		
7	Lines 5–8: The abstract lacks a clear structure (Introduction, Methods, Results, and Discussion). The components are blended together without distinct transitions. Rewrite the abstract to follow a clear four-part structure: objective, methods, results, and conclusion.	It was done in the abstract section.
8	Lines 9–14: The methodology description is overly general and omits reference to the tools used for quality appraisal (e.g., RoB tools). Clearly state key numerical findings (e.g., mean SMD and confidence intervals).	It was done in the abstract and method sections.

9	Lines 18–21: Mentioning “factors influencing individual responsiveness” in the results section is overly interpretive and better suited for the discussion section. If study quality assessment was performed, explicitly mention the instrument used.	It was done in the abstract section.
10	Lines 50–58: The research gap is not explicitly defined. While inconsistent findings are mentioned, the critical gaps in the literature are not identified with precision. Dedicate a separate paragraph to explicitly describe the research gap (e.g., lack of standardized tDCS protocols in cognitively intact older adults).	It was done in the introduction section.
11	Lines 59–67: The study objectives are mixed with descriptive commentary and lack a final, concise aim statement. Present the study objectives clearly and concisely, ideally in bullet points or in a mission-style concluding sentence at the end of the introduction.	It was done in the introduction section.
12	Line 81: Simply stating adherence to PRISMA guidelines is insufficient without attaching the PRISMA checklist or mentioning PROSPERO registration. Attach the PRISMA checklist and, if applicable, provide the PROSPERO registration number.	This systematic review was conducted under the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 guidelines. The PRISMA 2020 checklist is provided as Figure 2. The review protocol was not prospectively registered in PROSPERO."
13	Lines 90–98: No mention is made of the use of standardized risk-of-bias tools (e.g., Cochrane RoB 2 or PEDro). Use a recognized tool (e.g., RoB 2) to assess the risk of bias and report its results in a separate table	The Cochrane Risk of Bias tool 2 (RoB 2) was used, with details on the domains assessed and the process with independent dual reviewers. The Table 2 was added.
14	Lines 83–86: The screening process mentions Covidence but lacks detail (e.g., inter-reviewer agreement or use of Kappa statistics). Clarify the review process, including inter-rater reliability statistics (e.g., Cohen’s Kappa) if available.	It was done.
15	Table 2: Key variables such as the number of tDCS sessions or electrode configuration are	It was done.

	inconsistently reported or formatted. Reformat Table 2 to include standardized columns for "Number of sessions", "Target site", and "Effect direction".	
16	PRISMA Flowchart (Figure 1): Lacks detailed reasons for exclusion. For instance, “Age range: 11” is vague and insufficient. Revise the PRISMA diagram to comply with official PRISMA standards and provide detailed reasons for article exclusion.	It was done in Figure 1.
17	Lines 152–158: Restates findings without deeper analytical insights or direct comparisons with previous meta-analyses. Compare findings explicitly with recent meta-analyses (e.g., [22], [40]) using structured comparisons or a summary table.	The pooled standardized mean difference (SMD = 0.35, 95% CI: 0.12–0.58) for working memory improvements aligns with prior meta-analyses but highlights critical nuances. For instance, Indahlastari et al. (2021) reported a smaller effect (SMD = 0.21) across broader cognitive domains, while Prathum et al. (2025) observed stronger effects (SMD = 0.42) in protocols with ≥15 sessions. Our findings suggest that intensity (2 mA) and session frequency (≥10) are pivotal moderators, corroborating Brunoni et al. (2014) but contrasting with Kang et al. (2024), who found negligible effects in single-session studies. Heterogeneity in electrode montage (e.g., DLPFC vs. VLPFC) and baseline cognition further explains disparities, underscoring the need for protocol standardization.
18	Lines 189–197: Limitations are listed broadly (e.g., “heterogeneity”), but specific contributing factors (e.g., cognitive tasks, stimulation sites) are not discussed. Divide limitations into three distinct categories: study-level, methodological, and review-level limitations.	This review has several limitations that should be considered when interpreting the findings. At the study level, significant heterogeneity existed in participant characteristics (e.g., baseline cognitive scores, age ranges) and intervention protocols (e.g., variable stimulation intensities, session durations, and electrode placements), which may have obscured consistent effects of tDCS. Methodologically, differences in cognitive assessments (e.g., working memory measured by n-back vs. digit span tasks) and

		control conditions (e.g., inconsistent sham protocols) introduced measurement variability and potential bias. At the review level, the exclusion of non-English studies and reliance on small-sample trials (e.g., 8 of 13 studies had <30 participants per group) may have limited the generalizability of results and inflated effect size estimates. These limitations underscore the need for future studies to standardize protocols, employ larger samples, and rigorously control for confounding factors to clarify tDCS efficacy in cognitive aging.
19	Lines 211–213: The study's contribution to the literature is stated vaguely and lacks a strong concluding statement. Include a strong final sentence, such as: "This review extends prior work by demonstrating that...", to clearly articulate the added scientific value.	This systematic review provides a comprehensive synthesis of tDCS protocols for cognitive enhancement in healthy older adults, highlighting the critical roles of stimulation intensity (≥2 mA), repeated sessions (≥10), and targeted montages (e.g., DLPFC) in optimizing outcomes. By systematically evaluating methodological heterogeneity and individual response variability, this work advances beyond prior reviews to identify key protocol-specific predictors of efficacy. This review extends prior work by demonstrating that personalized, dose-intensive tDCS regimens rather than one-size-fits-all approaches are essential for mitigating age-related cognitive decline, thereby offering a roadmap for future clinical translation and research.
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	RCTs.	

OPEN PEER REVIEW

Revision (1)

REFEREE : Reviewer — 16 Aug 2025

Dear AE
No new comment.

REFEREE : Associate Editor — 18 Aug 2025

Dear EIC
The manuscript is suitable for publication.

Fatemeh Ehsani : EIC — 18 Aug 2025

Dear authors
Thank you for improvement of quality of article. However, some grammatical problems are still observed in the manuscript. It is suggested that the article is edited by native editor.

OPEN PEER REVIEW

Revision (2)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

Editor-in-Chief

2025

Dear,

Thank you for your insightful ideas and comments regarding this important aspect of our research. We appreciate your valuable comments. We have addressed all comments about the grammar editing and highlighted them in green.

Yours sincerely,

Authors

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		English studies and reliance on small-sample trials (e.g., 8 of 13 studies had <30 participants per group) may have limited the generalizability of results and inflated effect size estimates. These limitations underscore the need for future studies to standardize protocols, employ larger samples, and rigorously control for confounding factors to clarify tDCS efficacy in cognitive aging.
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OPEN PEER REVIEW

Revision (2)

Fatemeh Ehsani : EIC

25 Aug 2025

Dear Authors

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

Best Regards