Peer Review Report

Review Report on Parkinson's Disease database in the Middle East, North Africa and South Asia (MENASA)

Original Article, Int. J. Public Health

Reviewer: Susan Williams
Submitted on: 19 Jan 2025
Article DOI: 10.3389/ijph.2025.1608016

EVALUATION

Q 1 **Please summarize the main findings of the study.**

to report on the study protocol used to develop a multicenter data base of PD patients in the MENSA region.
Outline the data sets to be collected by this data base.
Discuss how these data sets may be used to better understand the lived experience of people with PD and their families and the treatments and models of care available for people living with PD in the MENSA region.
Track changes in the lived experience of PD, treatment and models of care over time in the MENSA region.

Q 2 **Please highlight the limitations and strengths.**

Strengths – Collaborative across regions, and multiple centres. Clearly articulated comprehensive data sets (pillars) to be collected. Encourages the development of Multidisciplinary models of care.

Limitations: Language differences have been considered and accommodated, but there is no discussion of how cultural differences may impact data collection.
Multidisciplinary models of care do not include a PD nurse specialist and there is no explanation of why.

I find the results as presented difficult to follow and process. I would prefer to see this listed in a table format for clear and quick reference.

Q 3 **Please provide your detailed review report to the authors. The editors prefer to receive your review structured in major and minor comments. Please consider in your review the methods (statistical methods valid and correctly applied (e.g. sample size, choice of test), is the study replicable based on the method description?), results, data interpretation and references. If there are any objective errors, or if the conclusions are not supported, you should detail your concerns.**

This is an exciting and valuable collaboration between centres across multiple countries.

line 46 you do not really explain why caffeine differs cross culturally.

line 59 What do you mean by Level of care? are you referring to different models of care or standards of care.

Line 72–75 Why were these centres included and other excluded? was there a criteria for inclusion and exclusion?

line 76 change title 'Steering Committee' to 'Governance'

data base pillar 5 – change 'other therapies' to models of care that include physiotherapy, occupational therapy, speech and language therapy. Please explain why a specialised nurse is not included in the model of care options.

data base pillar 9 – financial burden of disease on who? Patient, family, hospital, the centre, other specific organisation, government?

line 109 – 116 Translation of the developed questionnaire into different languages: accommodates for language differences very well. How does the methods for administration of the questionnaire accommodate for cultural differences such as religion, social, educational, literacy and gender differences?

line 127 – why will data be collected on paper data forms? Where will these paper forms be stored or handled after data entry is completed?

results section – this is a very long and comprehensive data set. I would find it easier to follow set out in a table and aligned to the 9 pillars. This would remove the need to the multiple brackets required currently.

Line 230 reference to illiteracy – Please explain how is the paper based questionnaire being administered to those who are illiterate?

line 237 – 241 I agree with the benefits of educational programs. Please clarify how you will meet the educational needs of both patients and health care professionals. it is currently not clear if a neurologist will be providing the education for both groups, and at the same event. Add other clinicians and service providers who would also participate in developing and providing the education to the target audiences.

Line 247 – 248 change advance therapies to device assisted therapies, and provide some examples of infusion therapies.

Line 250 – 254 I agree with the benefits of the multidisciplinary team. Please explain why you do not include a PD nurse specialist in this team. You may like to refer to the NICE guidelines.

Line 266 – developing new therapeutic approaches – add 'and models of care'.

PLEASE COMMENT

Q 4 **Is the title appropriate, concise, attractive?**

While the title does describe the work, it is cumbersome and wordy.

Q 5 **Are the keywords appropriate?**

It might be helpful to add more keywords related to the nine pillars.

Q 6 **Is the English language of sufficient quality?**

Yes. there are a few grammatical errors but nothing significant.

Q 7 **Is the quality of the figures and tables satisfactory?**

No.

Q 8 **Does the reference list cover the relevant literature adequately and in an unbiased manner?)**

9 of the 16 references are over 10 years old. I would be concerned that more recent information has not been considered adequately.

QUALITY ASSESSMENT

Q 9	Originality	
Q 10	Rigor	
Q 11	Significance to the field	
Q 12	Interest to a general audience	
Q 13	Quality of the writing	
Q 14	Overall scientific quality of the study	

REVISION LEVEL

Q 15 Please make a recommendation based on your comments:

Minor revisions.