International Journal of Advanced Research

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REVIEWER'S REPORT

Manuscript No.: IJAR-56366

Title: Prevalence and Predictors of Potentially Inappropriate Medications (PIMs) in Saudi Older Adults with Mood and Anxiety Disorders: A Systematic Review and Meta-analysis

Recommendation:

Accept after major revision ....

Rating	Excel.	Good	Fair	Poor
Originality			✓	
Techn. Quality				✓
Clarity			✓	
Significance		✓		

Reviewer's ID: JPR-198

Detailed Reviewer's Report

The manuscript addresses a clinically important and underexplored topic: potentially inappropriate medication use among older adults receiving psychiatric care in Saudi Arabia. The focus on geriatric psychiatry and alignment with PRISMA 2020 and established PIM criteria are strengths. However, the review suffers from major methodological and reporting limitations that prevent it from meeting the standards of a rigorous systematic review and meta-analysis required by a journal.

The most critical issues relate to mismatch between objectives and available data, insufficient transparency of the review process, and overinterpretation of very limited evidence.

Major Issues

1. **Methods clarity and execution:**

    The Methods section frequently describes what *was planned* (e.g., "was to be planned," "can be determined," "would be provided") rather than what was actually performed. This creates uncertainty about whether the systematic review was fully executed or remains partly conceptual.

Required action: For publication, the Methods must clearly and consistently report completed actions, with future or hypothetical steps either removed or relocated to the Discussion.

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2. **Mismatch Between Stated Objectives and Evidence**

   o The title and objectives focus on *mood and anxiety disorders*, yet the two included studies report data from broad geriatric psychiatric outpatient populations (including dementia, schizophrenia, etc.).

   o No diagnosis-specific prevalence estimates for mood or anxiety disorders are presented.

   o As written, the pooled prevalence reflects mixed psychiatric cohorts, not mood/anxiety disorders specifically.

Required action: Either (a) obtain diagnosis-stratified data from the original study authors, or (b) revise the title, objectives, and conclusions to accurately reflect that findings apply to general geriatric psychiatric populations, not specifically mood/anxiety disorders.

3. **Weak and Potentially Misleading Meta-analysis**

   o The meta-analysis is based on only two heterogeneous studies using different Beers criteria versions and scopes (psychotropic-only vs overall PIMs).

   o Heterogeneity is extremely high, making the pooled estimate statistically unstable and clinically uncertain.

   o Although acknowledged, the pooled estimate is still prominently presented and risks being misinterpreted as a national benchmark.

Required action: Strongly consider removing the meta-analysis and presenting a narrative synthesis highlighting the observed prevalence range (51–68%). If retained, the pooled estimate must be clearly framed as *exploratory* and secondary.

4. **Incomplete and Non-reproducible Search Reporting**

   o The Methods section describes an extensive multi-database search, but the Results section does not report:

     ▪ Number of records identified

     ▪ Screening process

     ▪ Reasons for exclusion

   o No PRISMA flow diagram is provided.

   o Phrasing in the manuscript suggests studies may have been identified during drafting rather than through a fully executed systematic search.

Required action: Provide a complete PRISMA 2020 flow diagram and full accounting of the search process. Include exact database-specific search strategies (syntax, limits, dates), preferably as supplementary material.

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5. **Risk of Bias and Certainty Assessment Not Fully Executed**

   o Use of JBI tools and GRADE is described as *planned*, but no formal assessments or summary tables are presented.

   o Only narrative comments on potential bias are provided.

Required action: Include item-level JBI risk-of-bias tables for included studies. Either provide a simplified certainty assessment or explicitly state why GRADE was not applied and remove repeated references to it.

6. **Overextended Discussion Relative to Evidence Base**

   o The Discussion is disproportionately long given that only two studies were included.

   o Large sections read as a general narrative review or policy commentary rather than interpretation of the review's findings.

   o Several clinical and system-level recommendations are not directly supported by the included evidence.

Required action: Substantially condense the Discussion, focusing on interpretation of the two included studies. Move broader policy, deprescribing frameworks, and future research agendas into a brief, clearly labeled section.

Minor Issues

- Numerous grammatical errors, incomplete sentences, and formatting problems require professional language editing.

- Table placement is inconsistent (e.g., search strategy table should be in Methods).

- Figure 1 should clearly report heterogeneity statistics and clarify criteria used per study.

- Reference list contains formatting inconsistencies and potential duplication.