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## REVIEWER'S REPORT

Manuscript No.: IJAR-56826

Title: Multidomain Lifestyle Interventions for Dementia Prevention: From Mechanisms to Clinical Implementation A Narrative Review,

### Recommendation:

Accept as it is .....

Accept after minor revision.....

**Accept after major revision ..... YES**

Do not accept (*Reasons below*)

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

Reviewer's ID: JPR-094

## Detailed Reviewer's Report

### ## \*\*1. Strengths\*\*

#### 1. **\*\*Comprehensive Coverage\*\***

The manuscript provides an extensive and well-structured overview of multidomain interventions, integrating epidemiology, biological mechanisms, and clinical trials. Key landmark studies such as the FINGER trial, MAPT trial, and preDIVA trial are appropriately discussed.

#### 2. **\*\*Strong Theoretical Framework\*\***

The discussion is well anchored in the Lancet Commission on Dementia framework, particularly the life-course model and modifiable risk factors.

#### 3. **\*\*Integration of Mechanisms and Clinical Evidence\*\***

The manuscript successfully links biological mechanisms (BDNF, neuroinflammation, vascular pathways, epigenetics) with clinical outcomes, enhancing scientific depth.

#### 4. **\*\*Inclusion of Recent Literature (up to 2025)\*\***

The review incorporates up-to-date studies, including emerging concepts such as precision prevention and digital health interventions.

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### 5. **\*\*Clear Organization and Logical Flow\*\***

The manuscript is well structured, moving from background → mechanisms → trials → implementation → future directions.

### ## **\*\*2. Weaknesses\*\***

#### 1. **\*\*Limited Novelty\*\***

The manuscript largely summarizes existing literature without offering a distinctly new conceptual framework. Similar narrative reviews already exist (e.g., FINGER-to-WW-FINGERS reviews).

#### 2. **\*\*Narrative Review Methodology\*\***

\* Search strategy lacks rigor (no PRISMA flow diagram, inclusion/exclusion criteria not clearly defined)

\* Potential for selection bias

\* No quality assessment of included studies

#### 3. **\*\*Lack of Critical Appraisal\*\***

The manuscript describes trials but does not critically evaluate:

\* Methodological limitations

\* Risk of bias

\* Effect size interpretation

\* Contradictions between trials

#### 4. **\*\*Overemphasis on Positive Findings\*\***

\* The FINGER trial is highlighted strongly

\* Neutral/negative findings (e.g., preDIVA trial) are not sufficiently critiqued

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### 5. **\*\*Lack of Quantitative Synthesis\*\***

No meta-analysis or pooled estimates are provided, limiting scientific rigor.

### 6. **\*\*Insufficient Clinical Translation\*\***

Although "clinical implementation" is in the title, practical guidance is limited:

\* No clear protocols for clinicians

\* No cost-effectiveness or feasibility discussion in real-world settings

### 7. **\*\*Geographical Bias\*\***

Evidence is heavily based on European trials; limited discussion of low- and middle-income countries (LMICs), including India.

### 8. **\*\*Redundancy and Length Issues\*\***

Some sections (mechanisms and trials) are overly detailed and repetitive, reducing readability.

### ## **\*\*3. Key Points\*\***

\* **Multidomain interventions target **\*\*multiple modifiable risk factors simultaneously\*\*****

\* **Evidence is primarily derived from:**

\* **FINGER trial (positive outcome)**

\* **MAPT trial (subgroup benefit)**

\* **preDIVA trial (neutral outcome)**

\* **Mechanisms include:**

\* **Neuroplasticity (BDNF)**

\* **Anti-inflammatory effects**

\* **Vascular improvement**

\* **Dietary neuroprotection**

\* **Emerging directions:**

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- \* Precision prevention (biomarkers)
- \* Digital health delivery
- \* Combined lifestyle + pharmacological approaches
- \* Major barriers:

- \* Adherence
- \* Heterogeneity
- \* Implementation challenges

### ## \*\*4. Significance\*\*

- \* The topic is **highly relevant and important** given the global burden of dementia.
- \* The manuscript reinforces the importance of **preventive strategies over purely pharmacological approaches**.
- \* It contributes to **translational understanding** by connecting biological mechanisms with clinical trials.

### However:

- \* The **incremental contribution is moderate**, as similar reviews already exist.
- \* The manuscript would have greater impact if it provided:
  - \* A novel framework
  - \* Regional insights
  - \* Implementation models

### ## \*\*5. Recommendation\*\*

### **Decision: MAJOR REVISION**

## REVIEWER'S REPORT

### ## **\*\*6. Specific Suggestions for Improvement\*\***

#### 1. **\*\*Improve Methodology\*\***

- \* Convert to systematic or scoping review (PRISMA guidelines)
- \* Clearly define inclusion/exclusion criteria

#### 2. **\*\*Enhance Novelty\*\***

- \* Add a new conceptual model OR
- \* Focus on LMIC/Indian context OR
- \* Develop a clinical implementation framework

#### 3. **\*\*Add Critical Analysis\*\***

- \* Compare trials systematically (table format)
- \* Discuss limitations and inconsistencies

#### 4. **\*\*Strengthen Clinical Relevance\*\***

- \* Provide actionable recommendations for clinicians
- \* Include cost-effectiveness and feasibility

#### 5. **\*\*Include Visual Elements\*\***

- \* Summary tables (trial comparison)
- \* Mechanism diagrams
- \* Implementation pathway model

#### 6. **\*\*Reduce Redundancy\*\***

- \* Condense mechanistic explanations
- \* Avoid repetition across sections

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### ## \*\*7. Final Comment\*\*

The manuscript is **scientifically sound and well-written**, but currently functions as a **descriptive narrative review with limited novelty**. With substantial revision—particularly in methodology, critical analysis, and practical application—it has the potential to become a **valuable contribution to the field**.

### # **Justification for MAJOR REVISION**

#### ## **TITLE (Lines 1–2)**

##### **Issue:**

\* Title claims **“clinical implementation”**, but the manuscript provides **limited actionable clinical guidance**.

##### **Why Major Revision:**

\* **Misalignment between title and content reduces scientific credibility and scope clarity.**

#### ## **ABSTRACT**

##### ### **Background (Lines 7–13)**

##### **Issue:**

\* **Overgeneralized statements; lacks citation precision and critical nuance despite referencing the Lancet Commission on Dementia.**

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**\*\*Why Major Revision:\*\***

\* Needs clearer differentiation between **\*\*established evidence vs interpretation\*\***.

**### \*\*Methods (Lines 14–21)\*\***

**\*\*Issues:\*\***

**1. Narrative review lacks:**

- \* **Defined inclusion/exclusion criteria**
- \* **Search strategy details (dates, filters, language)**
- \* **No PRISMA flow diagram**

**2. No quality assessment of included studies**

**\*\*Why Major Revision:\*\***

- \* **Methodological weakness undermines reproducibility and scientific rigor.**
- \* **Journals increasingly expect **\*\*systematic/scoping review standards\*\***.**

**### \*\*Results (Lines 22–34)\*\***

**\*\*Issues:\*\***

**1. Overemphasis on positive findings from the FINGER trial**

**2. Insufficient critical interpretation of:**

- \* **MAPT trial (mixed results)**
- \* **preDIVA trial (neutral outcome)**

**3. Effect sizes presented without context (clinical vs statistical significance)**

**\*\*Why Major Revision:\*\***

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\* Results are **descriptive, not analytical**, leading to bias.

**### Conclusion (Lines 35–42)**

**Issues:**

\* **Overstated claim: “most evidence-based strategy” without balanced comparison**

\* **Lacks acknowledgment of conflicting evidence**

**Why Major Revision:**

\* **Conclusions must be proportionate to evidence strength**

**## INTRODUCTION (Lines 47–77)**

**Issues:**

1. **Largely background-heavy and generic**
2. **Limited identification of research gap**
3. **Similar framing already exists in prior reviews**

**Why Major Revision:**

\* **Weak novelty positioning → major concern for publication**

**## SECTION 2: RISK FACTORS (Lines 78–110)**

**Issues:**

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- \* Descriptive repetition of Lancet Commission on Dementia
- \* No new synthesis or reinterpretation
- \* No quantitative or comparative analysis

**\*\*Why Major Revision:\*\***

- \* Section lacks originality; reads like a textbook summary

**## \*\*SECTION 3: BIOLOGICAL MECHANISMS (Lines 110–180)\*\***

**\*\*Issues:\*\***

1. Excessive detail → **\*\*overly long and unfocused\*\***
2. Mechanisms not clearly linked to clinical outcomes
3. Heavy reliance on preclinical/animal data
4. No hierarchy of evidence

**\*\*Why Major Revision:\*\***

- \* Needs **\*\*critical synthesis\*\***, not descriptive expansion
- \* Must distinguish **\*\*clinical relevance vs theoretical mechanisms\*\***

**## \*\*SECTION 4: CLINICAL TRIALS (Lines 181–253)\*\***

**### General Issues:**

1. Descriptive rather than critical
2. No comparative table
3. No discussion of:

- \* Bias

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\* Adherence issues

\* External validity

### **\*\*FINGER Trial Section (Lines 182–213)\*\***

**\*\*Issue:\*\***

\* Overemphasized as “proof of concept” without limitations

**\*\*Why Major Revision:\*\***

\* Creates **\*\*positive bias\*\***

### **\*\*MAPT Trial (Lines 214–230)\*\***

**\*\*Issue:\*\***

\* Subgroup findings presented without caution

### **\*\*preDIVA Trial (Lines 231–244)\*\***

**\*\*Issue:\*\***

\* Neutral findings under-discussed

### **\*\*Comparative Synthesis (Lines 245–253)\*\***

**\*\*Issue:\*\***

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\* Superficial comparison

\* No structured synthesis

**\*\*Why Major Revision:\*\***

\* Core evidence section lacks **\*\*critical appraisal and synthesis\*\***

**## \*\*SECTION 5: GLOBAL ADAPTATION (Lines 254–278)\*\***

**\*\*Issues:\*\***

1. Descriptive listing of trials

2. No evaluation of:

\* Outcomes

\* Effectiveness across regions

3. No focus on LMICs (major gap)

**\*\*Why Major Revision:\*\***

\* Weak analytical depth; lacks global health relevance

**## \*\*SECTION 6: DIGITAL & PRECISION APPROACHES (Lines 279–303)\*\***

**\*\*Issues:\*\***

\* Conceptual discussion only

\* No supporting strong clinical evidence

\* No evaluation of feasibility or cost

**\*\*Why Major Revision:\*\***

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\* Section appears **\*\*speculative rather than evidence-based\*\***

## **\*\*SECTION 7: CHALLENGES (Lines 304–328)\*\***

**\*\*Strength but Issue:\*\***

\* Well-written but:

\* Lacks prioritization of challenges

\* No proposed solutions

\* No linkage to earlier sections

**\*\*Why Major Revision:\*\***

\* Needs **\*\*problem → solution framework\*\***

## **\*\*SECTION 8: FUTURE DIRECTIONS (Lines 329–353)\*\***

**\*\*Issues:\*\***

\* Overly speculative (AI, biomarkers, drugs)

\* Not clearly supported by strong clinical data

\* No feasibility discussion

**\*\*Why Major Revision:\*\***

\* Needs realistic, evidence-based projections

## **\*\*CONCLUSION (Lines 354–366)\*\***

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### **\*\*Issues:\*\***

1. Repetitive
2. Overgeneralized claims
3. No clear “take-home clinical message”

### **\*\*Why Major Revision:\*\***

- \* Weak impact for final section

### **## \*\*REFERENCES (Lines 379–445)\*\***

### **\*\*Issues:\*\***

1. Good coverage but:

- \* No citation of very recent systematic reviews (2024–2025 beyond few)

2. Heavy reliance on landmark trials only

### **\*\*Why Major Revision:\*\***

- \* Needs **\*\*balanced and updated referencing\*\***

### **# \*\*OVERALL CRITICAL JUSTIFICATION\*\***

### **### \*\*Why NOT Minor Revision?\*\***

Because issues are **\*\*fundamental\*\***, not superficial:

- \*  Methodology is weak (major issue)

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- \*  Lack of novelty (major issue)
- \*  No critical appraisal (major issue)
- \*  Limited clinical applicability (major issue)
- \*  Structural imbalance (major issue)

# **\*\*FINAL EDITORIAL DECISION\*\***

###  **\*\*Recommendation: MAJOR REVISION\*\***

**\*\*Reason:\*\***

The manuscript is **\*\*scientifically informative but currently descriptive\*\***, lacking methodological rigor, critical analysis, and novel contribution required for publication.

# **\*\*What Reviewer Expects Before Acceptance\*\***

To move toward acceptance, authors must:

1. Upgrade to **\*\*systematic/scoping review (PRISMA)\*\***
2. Add **\*\*critical comparative analysis of trials\*\***
3. Provide **\*\*clinical implementation framework\*\***
4. Improve **\*\*novelty (e.g., LMIC/India focus)\*\***
5. Reduce redundancy and improve synthesis