

REVIEWER'S REPORT

Manuscript No.: IJAR-56835

Title: Lifestyle Interventions for Perimenopausal Symptoms: Beyond Hormone Therapy A narrative review

Recommendation:

Accept as it is

Accept after minor revision.....

Accept after major revisionYES.....

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 thoroughly reviews multiple lifestyle domains: exercise, diet, CBT, mindfulness, sleep hygiene, and complementary therapies.

* Inclusion of recent literature (up to 2025–2026) enhances relevance.

2. ****Evidence-Based Approach****

* Strong reliance on ****systematic reviews, meta-analyses, and RCTs**** improves scientific credibility.

* Balanced interpretation (e.g., exercise improves severity but not frequency of VMS) reflects critical appraisal.

3. ****Clinical Relevance****

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* Focus on **non-hormonal alternatives** addresses an important unmet need in women who cannot use hormone therapy.

* Practical applicability is evident in sections like CBT, sleep hygiene, and integrative framework.

4. **Integration of Multimodal Approach**

* The concept of an **integrative lifestyle framework** is a key strength.

* Aligns with modern **lifestyle medicine principles**.

5. **Well-Structured Organization**

* Logical flow from introduction → interventions → framework → limitations → conclusion.

* Tables summarizing evidence improve readability.

2. Weaknesses

1. **Methodological Limitations**

* As a **narrative review**, lacks:

* PRISMA flow diagram

* Risk of bias assessment

* Study selection criteria clarity

* Search strategy is not fully reproducible.

2. **Lack of Critical Depth in Some Sections**

* Some sections (e.g., diet, acupuncture) are **descriptive rather than analytical**.

* Limited discussion on **effect sizes and clinical significance**.

3. **Heterogeneity Not Adequately Addressed**

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* Variation in:

* Study populations (peri vs postmenopause)

* Intervention protocols

* Needs deeper synthesis rather than listing findings.

4. **Language and Formatting Issues**

* Typographical errors:

* "ANARRATIVE REVIEW"

* Inconsistent formatting of:

* Tables

* References

* Line spacing

5. **Lack of Figures/Visual Models**

* Integrative framework is described but ****not visually illustrated clearly**** (figure needs improvement).

6. **Limited Discussion of Safety & Contraindications**

* Lifestyle interventions are presented as safe, but:

* Risks (e.g., over-exercise, diet deficiencies) not discussed.

3. Key Points

* Lifestyle interventions provide ****adjunct or alternative strategies**** to hormone therapy.

* ****CBT is the most strongly supported intervention**** for vasomotor symptom distress.

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- * **Exercise benefits overall health**, but its effect on VMS frequency is inconsistent.
- * **Mediterranean and plant-based diets** improve cardiometabolic outcomes.
- * **Mindfulness and yoga** improve psychological and sleep-related symptoms.
- * **Multimodal approach is superior** to single interventions.

4. Significance of the Study

- * Addresses a **highly relevant clinical issue** in women's health.
- * Supports the shift toward **non-pharmacological and patient-centered care**.
- * Valuable for:

- * Clinicians (gynecologists, primary care)
- * Lifestyle medicine practitioners
- * Public health strategies

Particularly significant in:

- * Low-resource settings
- * Populations preferring non-hormonal therapies

5. Novelty / Contribution

- * Moderate novelty:
- * Similar reviews exist, but this paper:
 - * Integrates **latest evidence (2024–2025)**
 - * Proposes a **structured lifestyle framework**
- * Contribution lies in **integration rather than discovery**

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**6. Suggestions for Improvement**

Major Revisions

1. Convert to **systematic or scoping review OR justify narrative approach clearly**

2. Add:

*** Search strategy details (Boolean operators, filters)**

*** Inclusion/exclusion criteria**

3. Include **quality assessment of included studies**

4. Improve **critical synthesis instead of descriptive listing**

Minor Revisions

*** Correct title: *‘‘A Narrative Review’’***

*** Standardize reference formatting**

*** Improve tables (journal style)**

*** Add a **high-quality figure for integrative framework****

*** Enhance language clarity and grammar**

**7. Final Recommendation**

****Major Revision Required****

Justification:

*** Strong topic and content**

*** But requires:**

*** Methodological strengthening**

*** Language and formatting corrections**

*** Deeper critical analysis**

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Overall Verdict

****Promising manuscript with good clinical relevance, but not yet ready for publication without substantial revision.****

Reviewer Report – Major Revision Required

Overall Recommendation: MAJOR REVISION

The manuscript addresses an important and clinically relevant topic; however, several ****methodological, structural, and reporting limitations**** reduce its scientific rigor and suitability for publication in its current form. Detailed issues are outlined below.

1. Title and Abstract

Line 1–2 (Title)

*** **Issue:**** “ANARRATIVE REVIEW” is grammatically incorrect and poorly formatted.

*** **Justification:**** Title lacks clarity and professionalism.

*** **Required Revision:**** Change to “A Narrative Review” and improve readability.

Line 4–9 (Abstract – Background)

*** **Issue:**** Background is descriptive but lacks a clear ****knowledge gap or novelty statement****.

*** **Justification:**** A review must justify why it is needed beyond existing literature.

*** **Required Revision:**** Add a clear statement highlighting unmet needs or inconsistencies in current evidence.

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Line 10–14 (Methods in Abstract)

* **Issue:** Methods are vaguely described.

* Missing:

* Inclusion/exclusion criteria

* Study selection process

* Quality assessment

* **Justification:** Even for narrative reviews, transparency is required.

* **Required Revision:** Provide structured methodology (databases, criteria, screening approach).

Line 15–23 (Results)

* **Issue:** Overly generalized statements without quantitative synthesis.

* **Justification:** Claims like “evidence supports” are not critically graded.

* **Required Revision:** Include strength of evidence or consistency level.

Line 24–28 (Conclusion)

* **Issue:** Conclusion is generic and not sufficiently critical.

* **Justification:** Lacks discussion of limitations and strength hierarchy.

* **Required Revision:** Add evidence hierarchy and caution statements.

2. Introduction

Line 31–39

* **Issue:** Strong descriptive content but lacks **clear research question/objective framing**.

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*** **Justification:**** Narrative reviews should still define scope explicitly.

*** **Required Revision:**** Add a clearly stated aim (e.g., "This review specifically evaluates...").

**Line 40–48**

*** **Issue:**** Epidemiological data provided without critical interpretation.

*** **Justification:**** No discussion on variability across populations.

*** **Required Revision:**** Include geographic/ethnic variability discussion.

**Line 49–56**

*** **Issue:**** Over-reliance on guideline statements without critique.

*** **Justification:**** Review should analyze, not just report.

*** **Required Revision:**** Critically evaluate limitations of MHT and non-hormonal alternatives.

**3. Methods Section**

**Line 62–70**

*** **Major Issue (Critical):****

*** This is labeled as a narrative review but uses systematic search language.**

*** No PRISMA adherence, no flow diagram, no bias assessment.**

*** **Justification:****

*** Methodology lacks reproducibility.**

*** Risk of **selection bias** is high.**

*** **Required Revision:****

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* Either:

* Convert to ****systematic review (with PRISMA)****

OR

* Clearly state narrative approach with justification and limitations

* Add:

* Inclusion/exclusion criteria

* Screening process

* Study selection justification

****4. Results / Thematic Sections****

****4.1 Physical Activity (Line 71–90)****

* ****Issue:****

* Contradictory findings presented without synthesis.

* No grading of evidence strength.

* ****Justification:****

* Reader cannot determine clinical relevance.

* ****Required Revision:****

* Provide:

* Evidence grading (e.g., strong/moderate/weak)

* Explanation for inconsistencies (heterogeneity, bias)

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**4.2 Mind-Body Exercise (Line 91–104)**

*** **Issue:****

*** Over-generalization of benefits.**

*** Lack of distinction between perimenopausal vs postmenopausal populations.**

*** **Justification:****

*** Reduces specificity of conclusions.**

*** **Required Revision:****

*** Stratify findings by menopausal stage.**

**4.3 CBT Section (Line 105–134)**

*** **Strength:****

*** Well-supported with RCTs.**

*** **Issue:****

*** No discussion of limitations:**

*** Accessibility**

*** Cost**

*** Cultural applicability**

*** **Required Revision:****

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* Add real-world implementation challenges.

4.4 Dietary Interventions (Line 135–164)

* **Major Issue:**

* Mixing observational and interventional studies without distinction.

* **Justification:**

* Weakens causal inference.

* **Required Revision:**

* Separate:

* RCT evidence

* Observational evidence

* Clearly indicate strength of each.

4.5 Mindfulness (Line 165–183)

* **Issue:**

* Mechanistic explanation is theoretical, not evidence-based.

* **Justification:**

* Over-interpretation risk.

* **Required Revision:**

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* Limit claims or support with mechanistic studies.

4.6 Sleep & Acupuncture (Line 184–204)

* **Issue:**

* Heavy reliance on single-country studies (likely China).

* **Justification:**

* Limits generalizability.

* **Required Revision:**

* Explicitly discuss geographic bias.

5. Tables

Table 1 (Line 206–211)

* **Issue:**

* Good summary but lacks:

* Risk of bias

* Quality grading

* **Required Revision:**

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* Add evidence quality column (GRADE or similar).

Table 2 (Line 213–217)

* **Issue:**

* Recommendations appear subjective.

* **Justification:**

* No explicit criteria for assigning “High/Moderate/Low”.

* **Required Revision:**

* Define grading methodology.

6. Integrative Framework (Line 219–241)

* **Strength:** Innovative and clinically useful.

* **Issue:**

* Not evidence-derived (appears conceptual).

* **Justification:**

* Needs validation or citation.

* **Required Revision:**

* Clarify whether framework is:

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* Evidence-based OR

* Author-proposed model

7. Limitations Section (Line 247–262)

* **Issue:**

* Good but incomplete.

* Missing:

* Publication bias

* Language bias (English-only search)

* Narrative review bias

* **Required Revision:**

* Expand limitations comprehensively.

8. Conclusion (Line 263–276)

* **Issue:**

* Overly optimistic tone.

* **Justification:**

* Evidence heterogeneity not reflected.

* **Required Revision:**

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* Balance conclusions with uncertainty.

9. References

* **Issue:**

* Some older references (pre-2015) without justification.

* Possible inconsistency in formatting.

* **Required Revision:**

* Update with more recent high-impact studies where possible.

Key Strengths

* Clinically relevant topic

* Comprehensive coverage of interventions

* Inclusion of recent meta-analyses

* Good structured tables

Key Weaknesses (Critical)

1. Lack of methodological rigor (major issue)

2. No evidence grading system

3. Overgeneralization of findings

4. Poor distinction between study types

5. Limited critical analysis

6. Absence of reproducibility

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****Significance****

The topic is highly relevant for:

- * Women's health
- * Non-pharmacological therapy
- * Integrative medicine

However, ****methodological limitations currently reduce its scientific impact****.

****Final Recommendation****

****MAJOR REVISION REQUIRED****

Must Address Before Acceptance:

- * Strengthen methodology section
- * Add evidence grading
- * Improve critical analysis
- * Clarify review type (narrative vs systematic)
- * Reduce over interpretation
- * Expand limitations