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REVIEWER'S REPORT

Manuscript No.: IJAR-57884

Title: White Coat Syndrome and the Visual Language of Care,

Recommendation:
Accept after minor revision

Rating	Excel.	Good	Fair	Poor
Originality		✔,		
Techn. Quality		✔,		
Clarity	✔,			
Significance	✔,			

Reviewer Name: Dr. Bilqees Hamza

Detailed Reviewer's Report

The manuscript titled **"White Coat Syndrome and the Visual Language of Care"** explores the intersection of cardiovascular diagnostics, behavioral psychology, and nonverbal communication within clinical environments. The paper analyzes white-coat hypertension—a phenomenon where patients exhibit elevated blood pressure within medical facilities but maintain normal readings during daily life. The scope of the work focuses on evaluating clinician attire as a modifiable environmental cue that influences patient anxiety and physiological metrics. It balances a clinical review of cardiovascular risks with a conceptual model testing three specific wardrobe configurations: a floral shirt, a solid-colored shirt, and a traditional white coat.

The article utilizes a hybrid methodology that combines a systematic literature review with an original, hypothesis-generating behavioral model.

- **Data Infrastructure:** The clinical baseline is constructed from observational cardiovascular meta-analyses (notably Cohen et al., 2019) evaluating long-term health outcomes, alongside multi-center international cross-sectional surveys on patient perception (e.g., Petrilli et al., 2018; Houchens et al., 2022).
- **Phenotypic Categorization:** The diagnostic frameworks are organized around a standard 2×2 matrix evaluating office vs. out-of-office systolic blood pressure (SBP), distinguishing four primary phenotypes: Normotension, White-coat hypertension, Sustained hypertension, and Masked hypertension.

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The central thesis asserts that clinician attire functions as a potent, nonverbal signal capable of triggering or mitigating sympathetic nervous system arousal in susceptible populations.

The text develops three core arguments:

1. **The Cardiovascular Risk of Untreated White-Coat Hypertension:** Moving away from historical assumptions that white-coat responses are benign emotional anomalies, the text highlights meta-analytic data demonstrating that untreated white-coat hypertension carries a significant long-term hazard ratio (HR) for adverse outcomes. Specifically, it notes elevated clinical risks across three clear parameters: cardiovascular events ($HR = 1.36$), all-cause mortality ($HR = 1.33$), and cardiovascular mortality ($HR = 2.09$) relative to normotensive baselines.
2. **The Attire-Response Continuum:** The author proposes a non-linear relationship between the formality of clinician clothing and patient responses. A traditional white coat maximizes perceptions of professional authority and institutional trust but acts as a conditioned stimulus for anxiety and elevated SBP. Conversely, a floral shirt optimizes approachability and lowers perceived threat at the expense of perceived formal authority, while a solid-colored shirt offers a balanced, neutral compromise.
3. **Contextual Tailoring over Universal Standardization:** The paper argues against rigid, uniform institutional dress codes. Instead, it recommends a flexible model where attire is matched to the specific clinical setting: low-acuity, pediatric, or psychiatric spaces benefit from warmer, less institutional clothing, whereas emergency, surgical, or specialized environments require the role clarity provided by a white coat.

The scholarly contribution of this work lies in linking qualitative patient-perception literature with quantitative hemodynamic phenotypes, outlining a clear path forward for direct physiological testing.

Technical Suggestions for Improvement

- **Address the Causality Gap via the Proposed Trial:** As the author notes, existing literature demonstrates that clothing shapes subjective opinion, but direct evidence establishing a causal link between attire and blood pressure changes remains limited. Section 6's proposed randomized crossover study must be prioritized. Expanding the methodology to include continuous ambulatory blood pressure monitoring (ABPM) during the initial 30 minutes post-encounter would isolate immediate visual triggers from generalized office anxiety.
- **Integrate a Unified Phenotypic Diagnostic Reference:** To consolidate the clinical definitions scattered across Sections 1 and 2, the author should incorporate a clear reference matrix

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combining the text's diagnostic parameters. This will allow readers to track the classification system at a glance:

Table 1: Blood Pressure Phenotype Matrix

Phenotype	Office SBP	Out-of-Office SBP	Clinical Trajectory & Risk PDF
Normotension	Normal ($< 140 \text{ mmHg}$)	Normal ($< 135 \text{ mmHg}$)	Baseline health; no intervention indicated.
White-Coat Hypertension	Elevated ($\ge 140 \text{ mmHg}$)	Normal ($< 135 \text{ mmHg}$)	Requires ABPM/HBPM confirmation; elevated long-term CV risk if untreated.
Sustained Hypertension	Elevated ($\ge 140 \text{ mmHg}$)	Elevated ($\ge 135 \text{ mmHg}$)	Persistent risk; therapeutic lifestyle changes and pharmacotherapy indicated.
Masked Hypertension	Normal ($< 140 \text{ mmHg}$)	Elevated ($\ge 135 \text{ mmHg}$)	High real-world risk; frequently missed during routine office screening.

- **Refine the Conceptual Attire-Response Model:** The conceptual scoring model in Figure 2 maps out expected trends for anxiety, SBP elevation, professionalism, and approachability. To make this framework more rigorous, the author should define clear qualitative indicators or behavioral proxies for these conceptual 0–10 scores. This step is essential before translating the model into an empirical testing environment.
- **Elaborate on the Physiological Mechanisms:** Section 3 references sympathetic nervous system activation, vascular tone, and heart rate elevation. The manuscript would be strengthened by expanding this section to detail the specific neurobiological pathway involved. Explicitly linking the visual perception of institutional symbols to amygdala activation and subsequent catecholamine release would provide a stronger theoretical foundation for the paper's core thesis.
- **Incorporate Strict Measurement Discipline Controls:** The paper correctly emphasizes that measurement discipline (e.g., correct cuff sizing, posture, unhurried rest) is more critical than cosmetic adjustments. The practical recommendations should feature a structured procedural

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checklist. This checklist would ensure that clinical staff minimize mechanical measurement errors before evaluating a patient's potential white-coat response.

- **Correct Textual Artifacts and Bibliographic Layouts:** The review copy contains minor processing artifacts, such as the dangling string "commen" on line 14 and layout shifts in the section headers. These must be cleaned up to ensure a professional presentation. Additionally, ensure all cross-references to the Appendix evidence summary perfectly match the final paragraph numbering of the main text.

Editorial Recommendation

This manuscript is recommended for **publication with minor revisions**. The paper provides a well-reasoned, highly practical framework that bridges cardiovascular medicine, environmental psychology, and patient-centered care. It accurately repositions white-coat hypertension as a true physiological risk marker rather than a benign clinical footnote.

The text is well-structured, the visual graphics effectively communicate the author's intent, and the proposed crossover trial design offers an actionable methodology to address gaps in current literature. Once the visual artifacts are removed and the diagnostic parameters are consolidated into a unified matrix, this paper will be a valuable addition to the journal.