

REVIEWER'S REPORT

Manuscript No.: IJAR 59328

Title: Profil clinique et délai de recours aux soins des mineurs consultant en addictologie à Marrakech : addictions aux substances et usage problématique des écrans.

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		YES		
Techn. Quality		YES		
Clarity		YES		
Significance		YES		

Reviewer's ID: JPR- 148

Detailed Reviewer's Report

Overall assessment

The manuscript addresses a relevant clinical/public-health issue and provides useful preliminary information on minors presenting for addiction care in Marrakech. However, **major revision is required** before publication because of methodological, statistical, ethical, and interpretive concerns.

Major issues requiring revision

1. Definition of problematic screen use

- Clearly define how the nine patients in the "Écrans" group were classified.
- Clarify whether the group includes gaming, social media, general screen use, or other behaviours.
- Explain the diagnostic criteria used.

2. Severity classification

- The manuscript applies substance-use severity thresholds to screen-use patients, although this approach is acknowledged as non-validated.
- This should either be removed or clearly presented as exploratory.

3. Ethical approval

REVIEWER'S REPORT

- Provide the name of the ethics committee/institution, approval/reference number, and date where applicable.
- Clarify informed-consent or consent-waiver procedures and confidentiality safeguards.

4. Sampling and data collection

- Clarify how eligible records were identified and whether all eligible patients were included.
- Explain missing-data handling and the completeness of retrospective records.

5. Statistical analysis

- The sample is very small (n=30), so findings should be considered exploratory.
- Clearly distinguish **unadjusted p-values** from **Benjamini-Hochberg-adjusted q-values**.
- Avoid presenting nominally significant findings as confirmed associations when they do not remain significant after correction.

6. Interpretation of findings

- Avoid causal language such as saying that conduct disorder “determines” treatment interruption.
- Statements about school systems, service capacity, staffing, and treatment mechanisms should be presented as possible explanations rather than study findings.

7. School-based screening conclusion

- The absence of school referrals in this sample does not prove that school screening is the most effective intervention.
- Reframe this as a recommendation or hypothesis requiring further evaluation.

8. Generalizability

- Emphasize that the study is single-centre, retrospective, and involves only 30 patients, most of whom were urban.
- Findings cannot be generalized to all Moroccan adolescents.

9. Limitations

- Strengthen discussion of selection bias, recall bias, social-desirability bias, missing data, single-investigator extraction, small sample size, and non-validated screen-use classification.

International Journal of Advanced Research

Publisher's Name: Jana Publication and Research LLP

www.journalijar.com

REVIEWER'S REPORT

10. References and presentation

- Correct numerous formatting, spacing, grammar, and bibliographic inconsistencies in the references.
- Standardize terminology throughout the manuscript.

Minor revisions

- Improve consistency between abstract, tables, and main text.
- Clarify Table 1 and Table 2 footnotes.
- Define all abbreviations.
- Clarify denominators and multiple-response questions in figures.
- Proofread French grammar and typography.
- Ensure statistical terminology is used consistently.

Final recommendation

The manuscript has potential and addresses an important topic, but substantial methodological clarification and careful revision of the interpretation are necessary before it can be confidently accepted. This is consistent with the supplied IJAR reviewer report, which similarly recommends **major revision** for methodological and reporting deficiencies.