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REVIEWER'S REPORT

Manuscript No.: IJAR-59678

Title: Association between academic performance and suspected ADHD in children from an elementary school within the AGEB of FMU 61.

Recommendation:
Accept as it is……..
Accept after minor revision…..□□
Accept after major revision ….□□□□□
Do not accept (*Reasons below*) □□□

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

Reviewer ID: JPR-212

Reviewer's Comment for Publication.

This manuscript reports a cross-sectional study examining the association between suspected ADHD and academic performance among primary school children in Córdoba, Veracruz. The topic is clinically relevant and the study addresses a real public health question in the Mexican context. However, the manuscript contains serious arithmetic, methodological and reporting errors that undermine its findings and require major revision.

Strengths

The clinical question is relevant and locally grounded. Examining suspected ADHD within a defined AGEB of a family medicine unit is a sensible approach to community screening.

The use of both parent and teacher versions of the Conners questionnaire, with a Kappa index of 0.60 reported to assess inter-rater agreement, is a methodologically appropriate choice.

The authors are appropriately cautious in the conclusion, acknowledging that larger samples and clinical diagnostic methods are needed to confirm the findings.

The discussion engages with relevant literature, including the Norwegian sibling-comparison study and the Zaragoza prevalence study, and the comparison with these studies is informative.

Major Weaknesses

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Serious arithmetic inconsistencies in the sample counts. The manuscript reports 258 children included in the study, but the results then state that "27 children (7.9%) were identified as suspected of having ADHD, while 311 children (92.1%) showed no suspicion of ADHD." This totals 338 children, not 258. The same problem recurs in the note to Table 2, which states "n=338, Predominated without suspicion of ADHD 311 (92.1%)." The percentages 7.9 percent and 92.1 percent are also arithmetically inconsistent with 27 and 311, since 27 out of 338 is 8.0 percent and 311 out of 338 is 92.0 percent, whereas 27 out of 258 would be 10.5 percent. The discussion later reports a "10.5% prevalence of suspected ADHD," which suggests that the figure of 27 out of 258 is the intended calculation. The authors must resolve this inconsistency, which affects every downstream statistic in the paper.

Contradictory sample description. The Participants section states that "the entire student population of both schools—196 students at the Francisco González Mena morning primary school and 142 students at the Professor Delfino Valenzuela afternoon primary school—was included," which totals 338. Yet the results report 258 children. The relationship between the 338 students enrolled, the 258 children surveyed and the 27 cases of suspected ADHD is never explained. This is a fundamental problem that must be corrected before the paper can be evaluated.

Table 1 is empty. Table 1, which is supposed to report the academic performance classification, is presented with only the headings and a note stating that "n=258, Predominated average academic performance 191 (74%)." No actual table content appears. The same problem affects Table 2 and Table 3, which are referred to in the text but whose contents are not visible in the manuscript. The reader cannot verify any of the reported findings.

Chi-square reporting is incorrect. The text reports a chi-square statistic of 3.014 with $p = 0.222$. For a 2x2 table with one degree of freedom, a chi-square of 3.014 corresponds to $p \approx 0.083$, not 0.222. For a chi-square of 0.222 with one degree of freedom, the statistic would be approximately 1.49. The reported statistic and p-value are therefore incompatible, and this is a fundamental error that affects the central finding of the paper.

Inconsistent reporting of the prevalence comparison. The text states that "a higher proportion of suspected ADHD cases was observed in the low-performance group compared to the group without suspected ADHD (30% vs. 17%)," but the next paragraph reports "29.6% vs. 16.9%." These two sets of figures are not consistent and should be reconciled.

Misreported Kappa index. The Kappa index of 0.60 is reported twice, in the Procedure section and in the Results section, with identical wording. The manuscript states that this indicates "moderate agreement," which is correct, but it does not state how the Kappa was calculated, what the observed and expected agreement rates were, or on how many paired parent-teacher assessments it is based. If the Kappa is based on only 27 cases, it is unlikely to be reliable.

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Missing exclusion criteria implementation. The exclusion criteria state that "surveys regarding children with a diagnosis of ADHD" and "children receiving medication that alters anxiety and/or hyperactivity profiles" were excluded, but the results do not report how many children were excluded on these grounds. This should be stated.

Ethical reporting is vague. The manuscript states that the study "requires informed consent from the minors' parents and the teachers" and that "patient data confidentiality will be guaranteed," but it does not state which ethics committee approved the study or provide an approval number. Given that the study involves minors, this is a serious omission.

Discussion overreach. The discussion states that "based on the results of this analysis, the alternative hypothesis is rejected, demonstrating that suspected ADHD is not associated with low academic performance," but the study did not have a stated alternative hypothesis or a clearly articulated null hypothesis. Moreover, the authors themselves acknowledge that the effect size (PR 1.75 and OR 2.07) suggests "a possible association of moderate magnitude," which is in tension with the claim that the study has demonstrated no association. The study is underpowered, and the conclusion should be expressed as an absence of statistically significant evidence rather than as a demonstration of no association.

Language and typographical errors. There are numerous errors, including "childre" for "children," "Aftenoon" for "Afternoon," "th reported" for "that reported," "analisis" for "analysis," "Professor Delfino Valenzuela" and "Profesor Delfino Valenzuela" used inconsistently, "the morning shift and 7 from the afternoon shift" without a full stop, and "elementary school within the AGEB" without further explanation of what AGEB means at first use.

Recommendation

Major revision required. This manuscript addresses a relevant clinical question but contains serious arithmetic and statistical errors that undermine its findings. The authors should first resolve the inconsistency between the 258 children reported in the results and the 338 total reported in the sample description and the 7.9 percent and 92.1 percent figures, and ensure that all counts and percentages throughout the manuscript are internally consistent. Second, they should recalculate and verify the chi-square statistic and the associated p-value, and report the degrees of freedom and the expected cell counts. Third, they should provide the actual content of Tables 1, 2 and 3, which are currently empty. Fourth, they should reconcile the two different sets of prevalence figures for low performance among suspected ADHD cases. Fifth, they should explain how the Kappa index was calculated and how many paired assessments it is based on. Sixth, they should report how many children were excluded on the stated exclusion criteria. Seventh, they should provide the name of the ethics committee that approved the study and the approval number. Eighth, they should revise the discussion to frame the conclusion as an absence of statistically significant evidence rather than as a demonstration of no association, and to acknowledge the study's limited power. Ninth, they should undertake thorough language editing to correct the numerous typographical errors. With these revisions,

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the study could make a useful contribution to the literature on ADHD screening in Mexican primary schools.