

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Clinical pattern and predictors of stroke treatment outcome among hospitalized stroke patients at Felege Hiwot Comprehensive Specialized Hospital, North-west Ethiopia: A retrospective cross-sectional study
AUTHORS	Kefale, Belayneh; Ewunetei, Amien; Molla, Mulugeta; Tegegne, Gobezie; Degu, Amsalu

VERSION 1 – REVIEW

REVIEWER	Ginenu Fekadu Clinical Pharmacy Department, School of Pharmacy Institute of Health Sciences, Wollega University
REVIEW RETURNED	05-Jun-2020

GENERAL COMMENTS	<p>Thanks, the authors for your great efforts to assess the “Clinical pattern and predictors of stroke treatment outcome among hospitalized stroke patients at Felege Hiwot Comprehensive Specialized Hospital, North-west Ethiopia submitted BMJ open. Since, stroke in developing countries is challenging, thus topic of interest. But, before the manuscript is considered for publications, authors should edit and clarify the following points:</p> <ol style="list-style-type: none">1. The study is area of interest as there is no well studies with large sample size was not conducted yet. But to assess Clinical pattern and predictors of stroke treatment outcome, prospective studies are recommended. Retrospectively reviewing data has multiple draw backs with miss of information. Thus, may not really inform us the magnitude of the stroke in our set up2. The methods are poorly written. No study variables, sample size and sampling technique, the outcomes and validating tools3. Put the operational definitions. What is good and poor outcome?4. Please put the way of diagnosis. Well patients were diagnosed by imaging (CT and MRI). If clinical diagnosis alone, it may be difficult to classify the type of stroke and difficult to interpret as well as generalize it.5. Regarding the risk factors and clinical presentation: have you considered previous study done in Ethiopia to compare and contrast: https://doi.org/10.1186/s12883-019-1409-06. As per the finding, the poor outcome is high. Thus, broadly describe recommendation to different responsible bodies and organization for further intervention.
-------------------------	--

VERSION 1 – AUTHOR RESPONSE

Comments for the author

Thanks, the authors for your great efforts to assess the “Clinical pattern and predictors of stroke treatment outcome among hospitalized stroke patients at Felege Hiwot Comprehensive Specialized Hospital, North-west Ethiopia submitted BMJ open. Since stroke in developing countries is challenging, thus a topic of interest. But, before the manuscript is considered for publications, authors should edit and clarify the following points:

1. The study is an area of interest as there are no well studies with a large sample size was not conducted yet. But to assess Clinical patterns and predictors of stroke treatment outcome, prospective studies are recommended. Retrospectively reviewing data has multiple drawbacks with a miss of information. Thus, may not really inform us the magnitude of the stroke in our set up

✓ **Response:** Thank you so much for your valuable comments. Due to the few patients admitted every year, it was very hard to do following up study in a large sample size what we have done in the study setting. Consequently, we decided to employ a retrospective cross-sectional study design to evaluate the treatment outcome in a large sample size. Despite the limitation of this study design, we tried to include only the medical records of stroke patients with complete information required for the study.

2. The methods are poorly written. No study variables, sample size and sampling technique, the outcomes and validating tools

✓ **Response:** We have included in the method section of the revised manuscript.

3. Put the operational definitions. What is good and poor outcome?

✓ **Response:** We have used in the revised manuscript. Accordingly, good outcome was defined as “If the patient is discharged without complication or if patient discharge with improvement” while poor outcome refers to “If the patient is discharged with complication, or referred to higher health facility, or left against medical advice or death.”

4. Please put the way of diagnosis. Well patients were diagnosed by imaging (CT and MRI). If clinical diagnosis alone, it may be difficult to classify the type of stroke and difficult to interpret as well as generalize it.

✓ **Response:** We have included in the eligibility criteria of the revised manuscript. To be eligible for the study, they need to have a confirmed diagnosis with a CT scan or MRI.

5. Regarding the risk factors and clinical presentation: have you considered previous study done in Ethiopia to compare and contrast: <https://doi.org/10.1186/s12883-019-1409-0>

✓ **Response:** We have included in the revised manuscript. Please have a look reference No: 24

6. As per the finding, the poor outcome is high. Thus, broadly describe recommendation to different responsible bodies and organization for further intervention.

Response: We have revised accordingly in the conclusion and recommendations part of the revised manuscript.

VERSION 2 – REVIEW

REVIEWER	Ginenus Fekadu School of Pharmacy Faculty of Medicine CUHK, Hong Kong
REVIEW RETURNED	26-Nov-2020
GENERAL COMMENTS	Thanks the author All comments were corrected.