

Peer Review

Review of: "The Longitudinal Mean Arterial Pressure Among Congestive Heart Failure Patients at Felege Hiwot Referral Hospital, Bahir Dar, Ethiopia"

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Major Concerns

1. Clinical Interpretation of Increasing MAP

The manuscript reports a longitudinal increase in MAP among CHF patients but does not clearly interpret whether this reflects clinical improvement, treatment effect, or potential disease progression.

Suggested Revision

Authors should:

Discuss the clinical implications of MAP increases in CHF management.

Clarify whether MAP elevation correlates with improved perfusion or increased vascular resistance.

Compare findings with existing CHF hemodynamic outcome literature.

2. Extremely Wide Laboratory Value Variability

Some descriptive statistics appear clinically inconsistent, particularly sodium levels (mean 122 mmol/L with an extremely wide range). Such variability may suggest measurement errors, outliers, or data entry issues.

Suggested Revision

Provide:

Data quality validation procedures

Outlier management strategy

Sensitivity analysis excluding extreme values

3. Missing Treatment and Medication Data

Medication use (e.g., diuretics, ACE inhibitors, beta-blockers) strongly influences MAP and CHF progression but was not included in modelling.

Suggested Revision

Authors should acknowledge treatment effects as a potential confounder or include medication variables if available.

Declarations

Potential competing interests: No potential competing interests to declare.