Qeios

Peer Review

Review of: "When the Mind Falters: Managing CEO Cognitive Decline in Leadership"

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1. Independent researcher

I have read this review manuscript on CEO and cognitive decline with interest. It has significant implications in global management (e.g., president, prime minister), but it fails to deliver given the significant methodological flaws. I understand that large corporations and governments use and have a plan if the president or the CEO cannot optimally perform (e.g., Interim president, 60-day rule, president by election, order of succession). Similarly to driving capacity assessment, CEOs can be subjected to annual neurocognitive evaluation after a certain age, which can be mandated and noted in corporate policy without being unethical and inviting transparency. Here are my remarks:

Introduction:

– The first use of the abbreviation for CEO is not spelled out.

– Gender balance terminology was not used, and it assumed that all CEOs are Male. See line 3.

– The author talks about the disease of psychiatry, which can also be neurological in nature, and often Alzheimer's disease is considered a neurological condition.

– Cognitive impairment may emerge from metabolic conditions, such as diabetes, and can be reversible.

– Cognition does not equal executive functioning, as depicted here by highlighting decision-making or planning. Cognition includes other brain functions, such as attention, memory, and language.

- Literature review:
    - Missing the fluid and crystallized intelligence that differently changes with age, where one can remain relatively stable over time, while not the other. This allows one to make fast and reliable

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decisions even during memory loss due to natural aging.

- The author makes a note of subtle cognitive impairment, but which one? Do they refer to mild cognitive impairment?
- The author notes cognitive reserve (e.g., requires cognitive resources) without mentioning how that plays out for a CEO.
- Having an opposing idea does not equal having cognitive impairment. This needs justification.
  - Under the issue of dealing with the problem of cognitive decline in CEOs, what does "treatment prev" mean?

Methodology

How the data was reviewed, or who will once obtained, is unclear.

They use data from psychology, psychiatry, and geriatrics, but they miss the big ones, such as government data—since they include reports, neurological, aging, and neuropsychiatric. Keywords such as dementia, neuropsychology, and mild cognitive impairment were missed.

On credibility, they include mixed types of data, from peer-reviewed papers, books, and reports. However, how the quality was judged or how reputation was ascertained is not clear.

It is not clear what the outcome measure was. No clear selection criteria were reported.

The claims on methodology are substantial without evidence.

Using thematic analysis needs further details.

Differentiating natural cognitive decline from dementia-like decline is paramount for this paper, which is not specified.

No flow diagram or table of included studies was reported.

Given the above issues, it is hard to generalize the findings or conclusions. … I stop here.

Declarations

Potential competing interests: No potential competing interests to declare.