

Peer Review

Review of: "Cognitive Screening Tools for Dementia Detection in Primary Healthcare Centers in India: A Scoping Review"

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Overall, the authors focus on a very important topic, namely, the appropriateness of “gold standard” tools for diagnosing dementia in different cultural and educational contexts. The topic is concurrent and relevant considering the significant prevalence of dementia UNDERdiagnosis in modern care settings, although some adjustments are needed to better support the manuscript. The authors have covered the topic comprehensively and from different perspectives.

Comments for improvement include:

a) In 1. Introduction, point “with an increasing prevalence observed in India”:

Can you specify the statistics/numbers of dementia prevalence in India?

b) The authors should acknowledge the use of AI tools in writing this manuscript (which tools were used and how in the creation of the manuscript)

c) The text would benefit from thorough proofreading since there are some typos, e.g., in 4.5. Data Search Strategy, row 3 “Tab 1”

d) The primary objectives of the study are to: “ 1. Identify cognitive screening tools used for dementia detection in primary healthcare centres in India, 2. Assess the effectiveness of these tools, considering educational and language barriers”.

Yet, most of the 29 studies used in the scoping review are related in general to the original studies that published these dementia screening tools and are not specific to the Indian context. There is no mention in regards to which of these tools are “used for dementia detection in primary healthcare

centres in India". For example, row 17 of Table 2 mentions the Repeatable Battery for the Assessment of Neuropsychological Status (RBANS), which is not translated into Indian languages per authors' remarks. Is it used in its original version in PHC settings in India? If no, why is it included? If yes, how is it used since there is a language barrier? Same comment for other tests.

1. Please explain why all these 29 study tools are relevant to PHC in India.
2. Please give references/sources of previous studies which support the claims in the column "Limitations" in table 2.

e) In the same context, the arguments supporting the inappropriateness of some of the mentioned tests are understood by the reader and seem reasonable, yet they are not well supported. This makes the arguments seem like they reflect the authors' personal opinions. There should be more sources/data/previous study findings used to support the arguments.

1. For example, please refer to data and studies that support these claims. e.g., 5.2.3 mentions "However, the limitations of tools, such as the MMSE and MoCA, are evident, as they may not perform adequately among individuals with low educational backgrounds, potentially leading to both overdiagnosis and underdiagnosis. [This needs a reference]
2. Mention the findings of previous but recent studies done on the same topic as your study and explain WHY your study takes the topic one step further than these. eg. Irani, F. (2022). *Neuropsychological assessments with Asian Indians: One size does not fit all. In Cultural Diversity in Neuropsychological Assessment (pp. 177-194). Routledge.* ; Kaul, S., Paplikar, A., Varghese, F., Alladi, S., Sharma, M., Dhaliwal, R. S., ... & Consortium, I. R. N. B. (2022). *MoCA in five Indian languages: a brief screening tool to diagnose dementia and MCI in a linguistically diverse setting. International Journal of Geriatric Psychiatry, 37(10)*

f) Please mention what efforts (if any) are being done on a national or regional level in India to address this gap, e.g., studies in India that try to export normative data and standardise tests [specific references]

g) Lastly, the discussion should very quickly summarise the "problems" and focus more on mentioning what is needed to be done to address the problems. e.g., lack of training: are there any actions taken? by whom? why is it not enough?

h) A section mentioning implications for future research is missing.

Declarations

Potential competing interests: No potential competing interests to declare.