Perspective
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Final title: Comparison of disability levels between haemorrhagic and ischaemic stroke in the sub-acute phase: A cross-sectional study

Title at submission: Disability status of patients with sub-acute haemorrhagic stroke: A cross-sectional study in a tertiary care hospital of Bangladesh

Reviewer A: Abu Saleh Mohammad Mainul Hasan , ORCID: 0000-0002-2553-2164

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1. Comment Appropriateness of the Title
The title is adequate but could be improved for clarity and accuracy.

Response We highly appreciate your suggestion. We have revised the title to improve clarity and accuracy which reflects the comparative nature of the study and the sub-acute phase.

Our revised title:
"Comparison of Disability Levels Between Haemorrhagic and Ischemic Stroke in the Sub-Acute Phase: A Cross-Sectional Study." Which is revised at the line no 3-4. Short title also been revised at the line no: 5

2. Comment Completeness and accuracy of the Abstract

Inconsistency in age range between Abstract and Methods.

Response Sir, we sincerely acknowledge this inconsistency. The age range has now been standardized throughout the manuscript to 21–84 years and corrected in abstract at the line no: 32

3. Comment Clarity and appropriateness of the Objective(s)

Response Thank you for the positive assessment. No changes were required as the objectives were already clearly stated and aligned with the study design.

4. Comment Clarity of the rationale in the Introduction

Response We appreciate this encouraging feedback. No changes were made, as the rationale and research gap were already clearly articulated.

5. Comment Methods reproducibility and ethical description

Sampling method and assessor training details were missing.

Response Thank you for highlighting this important issue. We have now clarified:

- Sampling technique: consecutive enrolment of eligible patients during the study period added in Methods: Study design and participants, at the lines no: 90-91

- Assessor training: assessments conducted by trained postgraduate doctors familiar with standardized Barthel Index administration added in Methods Instruments and data collection section at the lines no: 102-103

- Ethical considerations were already comprehensively described and remain unchanged.

6. Comment Clarity and appropriateness of the Study Design

Response We thank the reviewer for this favorable assessment. No revisions were necessary.

7. Comment Statistical methods
Handling of missing data and normality testing not described.

Response We agree and have now clarified that there were no missing data for primary outcome variables and data distribution was assessed prior to analysis and deemed suitable for parametric testing added in Statistical analysis section at lines n: 124–125.

8. Comment Quality and redundancy of Tables
Minor redundancy between Tables 2 and 3

Response We agree with this observation. To improve conciseness, we eliminate duplication while preserving all essential information.

9. Comment   Quality of Figures
Axis labeling and captions could be improved

Response   We have revised figure captions and improved axis labeling to enhance clarity and interpretability.

10. Comment   Redundancy between text and tables in Results

Response   We have shortened the Results narrative by removing repetitive numerical data and focusing on interpretation rather than restating table values.

11. Comment   Pertinence of the Discussion

Response   We thank the reviewer. Minor repetitions of numerical results have been removed, and greater emphasis has been placed on interpretation and clinical implications.

12. Comment   Strengths and Limitations

Response   Strengths and limitations have now been clearly expanded and better structured, reflecting the reviewer's suggestions at the lines no: 202-203

13. Comment   Conclusion supported by data

Response   We appreciate this confirmation. No changes were required.

Reviewer E: Palash Chandra Banik, ORCID: 0000-0003-2395-9049

14. Comment   Title, Abstract, Objectives

Response   Thank you. Minor refinements were made to the Abstract for consistency with the Methods and Results sections at the lines no: 26-46

15. Comment   Rationale in Introduction

Response   We have refined sentence flow and precision to strengthen the argument for study necessity without expanding length.

16. Comment   Methodological clarity
Sample recruitment, BI timing, training, blinding, definitions.

Response   We have addressed all points at the lines no: 99-110

- Consecutive recruitment clarified

- BI administered within 48 hours of admission

- Assessor training specified

- Blinding is not applicable due to observational design

17. Comment   Statistical rigor
Normality testing, effect sizes, confidence intervals.

Response   We have clarified assumptions of normality and added confidence intervals where applicable. Effect sizes were not calculated due to the descriptive cross-sectional nature of the study, which has now been stated explicitly.

18. Comment   Tables
Duplicate tables and missing Table 4.

Response   Tables 3 have been removed; there was no 4th table. Total table is 2 which has been corrected at the line no: 24

19. Comment   Strengths and Limitations subsection

Response   A concise "Strengths and Limitations" subsection has now been added at the end of the Discussion, as recommended, while maintaining BSMMU's preference for brevity.
We once again thank the Reviewers and the Guest Editor for their insightful comments. We believe that the revised manuscript is now clearer, more methodologically transparent, and better aligned with BSMMU Journal standards. We hope it will be found suitable for publication.

Responsible editor: M Mostafa Zaman, ORCID: 0000-0002-1736-1342

20. Comment   Thank you for the revised submission. I suggest the following improvements:

1. The vertical axis legend is missing for figures 1 and 2.
2. Figure 2: So many age groups are not justified because you do not have enough numbers for such categorisations. In Table 1, you have only two age groups. I suggest presenting it for 20-59 and 60-85 years. You will have an advantage in describing and discussing your findings for elderly vs. young adults. In such a case, Figure 2 should be for these two age groups. Moreover, mean data should not be presented without an error bar. Kindly add SE or 95% CI as the error bars.

Response   We have carefully addressed all the points raised and revised the manuscript accordingly. The specific changes are summarized below, and revised file would be attached herewith:

1. Vertical axis legends for Figures 1 and 2The vertical axis legends have now been added to both figures:

    - Figure 1: Y-axis labelled as "Percentage of patients (%)" (Figure 1 legend; Lines 292–293).

    - Figure 2: Y-axis labelled as "Mean Barthel Index score" (Figure 2 legend; Lines 297–298).

2. Age group categorisation in Figure 2In accordance with your recommendation, the multiple age categories have been removed. Age has now been consistently categorised into two clinically meaningful groups:

    - 20–59 years (younger adults)

    - 60–85 years (older adults)

    This revision aligns Figure 2 with Table 1 and allows clearer comparison between younger and older patients. The revised age stratification is reflected consistently in the Methods (Line no 91), Results (Line no 136), Table 1, and Figure 2.

    a. Addition of error bars to Figure 2

        Mean Barthel Index values in Figure 2 are now presented with 95% confidence interval (CI) error bars, as suggested. This has been specified explicitly in the figure legend ("Bars represent mean values; error bars indicate 95% confidence intervals"; Lines no: 297-301).

    b. Corresponding revisions in Results and Discussion. The Results section has been rewritten to reflect the re-