



SDI Review Form 1.6

Journal Name:	Asian Journal of Cardiology Research
Manuscript Number:	Ms_AJCR_45477
Title of the Manuscript:	Outcomes of fast-track outpatient clinic for rhythm and conduction disorders: focus on postural tachycardia syndrome and literature review
Type of the Article	Review Paper

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	Thank you for the interesting work you have done and forwarded to our magazine. Nevertheless you should reorganize the contents following the international guidelines for reporting of longitudinal / observational studies. https://strobe-statement.org/index.php?id=strobe-home In this sense, so that your manuscript can be reviewed, you will have to stick to it by rewriting it to the following guideline: The whole part related to the methods is missing (see check list). Also review the whole discussion. This cannot be mixed with background content without referring to the results of your study, as well as, the discussion should not report the suggestions / implications for clinical practice. Rewrite also the limitations of your study, as very weak and not very reflective of the true bias.	The methods section of the manuscript has been revised according to STROBE statement: All patients underwent non-invasive cardiac evaluation, including medical history, physical examination, resting 12-lead electrocardiography (General Electric Medical Systems Healthcare, MAC 5500 HD system, Freiburg, Germany), thoracic X-ray, laboratory testing, ambulatory ECG recording (General Electric Medical Systems Healthcare, MARS, Freiburg, Germany), exercise tolerance testing (General Electric Medical Systems Healthcare, Case 0459, Freiburg, Germany) and echocardiogram (General Electric Medical Systems Healthcare, Vivid E9, Freiburg, Germany) to exclude any cause of tachycardia. Physical examination besides age, gender, and height and weight allowing calculation of body-mass index (BMI) was assessed by nurse practitioner. Resting supine 12-lead electrocardiography recording rhythm, frequency, intervals and duration allowing calculating corrected QT interval (QTc) according to Bazett formula. Thoracic X-ray (postero-anterior and lateral view): Was judged by an experienced staff radiologist. Laboratory testing for assessment of hemoglobin, C-reactive protein, leucocyte and thrombocyte counts, gamma glutamyl transferase (γGT), alanine aminotransferase (ALAT), urea, creatinine, natrium, potassium, glucose and thyroid stimulating hormone. Ambulatory ECG recording: recorded tapes of 24 or 48 hours duration were analyzed by an experienced technician and finally approved by a cardiologist on a separate work station. Exercise tolerance testing was performed under supervision of cardiologist on a bicycle ergometer under comfortable conditions. Starting exercise with 25-50 Watt with 60-80 revolution per minute and increment of 20 Watt every 1-2 minutes combined with simultaneous recording of ECG and registration of blood pressure. Blood pressure was measured by a non-invasive hemodynamic monitor. Trans-thoracic 2-D echocardiogram (TTE) with color Doppler imaging was performed by a certified technician. The following standard parameters were recorded: dimensions of cardiac chambers, kinetics of the ventricles and valvular velocity across the semilunar and atrioventricular valves. Right ventricular systolic pressure (RVSP) was estimated by measuring the tricuspid regurgitation (TR) jet maximum velocity by continuous wave (CW) spectral Doppler. The current report was a single-center observational study of newly referred subjects focusing on PoTS patients conducted in a nurse-led outpatient clinic for rhythm and conduction disorders. Indications for HUT testing were persistent symptoms after excluding cardiac causes and an indicative intake list. An example of positive questionnaire is shown in Figure 3.



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		Mogelijke symptomen bij Posturale Orthostatische tachycardie (POTS) + Licht ++ Matig +++ Ernstig <table border="1"> <tr><td>Zweten</td><td>++</td></tr> <tr><td>Zwakheid</td><td>++</td></tr> <tr><td>Slaapstoornis</td><td>+++</td></tr> <tr><td>Snelle hartslag/hartkloppingen</td><td>++</td></tr> <tr><td>Verminderde inspanning</td><td>+++</td></tr> <tr><td>Licht in het hoofd</td><td>++</td></tr> <tr><td>Extreme vermoeidheid/uitgeput</td><td>+++</td></tr> <tr><td>Hoofdpijn</td><td>+</td></tr> <tr><td>Watten in het hoofd</td><td>+</td></tr> <tr><td>Wazig zien</td><td>+</td></tr> <tr><td>Kortademig</td><td>+</td></tr> <tr><td>Hyperventilatie</td><td>++</td></tr> <tr><td>Beven</td><td>+</td></tr> <tr><td>Ongemakkelijk gevoel op de borst</td><td>++</td></tr> <tr><td>Misselijkheid</td><td>+</td></tr> <tr><td>Neiging tot flauwvallen</td><td>++</td></tr> <tr><td>Flauwvallen</td><td>++</td></tr> <tr><td>Onrust</td><td>+++</td></tr> <tr><td>Concentratiestoornissen</td><td>++</td></tr> <tr><td>Moeite met aandacht houden</td><td>++</td></tr> <tr><td>Blauwe verkleuring benen</td><td>+</td></tr> <tr><td>Opvliegers</td><td>+</td></tr> <tr><td>Stemmingswisselingen</td><td>+++</td></tr> </table>	Zweten	++	Zwakheid	++	Slaapstoornis	+++	Snelle hartslag/hartkloppingen	++	Verminderde inspanning	+++	Licht in het hoofd	++	Extreme vermoeidheid/uitgeput	+++	Hoofdpijn	+	Watten in het hoofd	+	Wazig zien	+	Kortademig	+	Hyperventilatie	++	Beven	+	Ongemakkelijk gevoel op de borst	++	Misselijkheid	+	Neiging tot flauwvallen	++	Flauwvallen	++	Onrust	+++	Concentratiestoornissen	++	Moeite met aandacht houden	++	Blauwe verkleuring benen	+	Opvliegers	+	Stemmingswisselingen	+++
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PART 2:

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Are there ethical issues in this manuscript?	(If yes, Kindly please write down the ethical issues here in details)	