



**SDI Review Form 1.6**

Journal Name:	<a href="#">International Neuropsychiatric Disease Journal</a>
Manuscript Number:	Ms_INDJ_47810
Title of the Manuscript:	DEMOGRAPHIC AND CLINICAL PROFILE OF PATIENTS RECEIVING ELECTROCONVULSIVE THERAPY AT A LAGOS PSYCHIATRY HOSPITAL.
Type of the Article	Original Research Article

**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>)

**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)
<b>Compulsory</b> REVISION comments	<ul style="list-style-type: none"> <li>- Conclusion should be linked to the patients studied.</li> <li>- Data provided are related to the general population, but not over the specific group of studied patients.</li> <li>- Some graph or visual information might be provided.</li> </ul>	
<b>Minor</b> REVISION comments	Spaces and names in the text corrected with track changes.	
<b>Optional/General</b> comments		

**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)	

**Reviewer Details:**

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