**Author response to Editors’ Comment**

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| **No.** | **Editors’ / reviewers’ comment** | **Response to comment** | **Lines** |
| **1.** | **Title:**  Global cognitive dysfunction can be replaced to “general cognitive functioning?” | Thank you for your critical comments. Since the title of this article has been paraphrased according to your suggestion (editor comment no. 2), we no longer use the term global cognitive dysfunction | **Line 1 – 2** |
| **2.** | **Title:**  The title is too general and does not really reflect the main findings: My suggestion rephrase the title and state the main finding in the title. For instance: Infarct diameter is a predictor for cognitive dysfunction/impairment? | Thank you for your critical comments. We hereby accept your suggestion. | **Line 1 – 2** |
| **3.** | **Introduction:**   1. The authors need to define "global cognitive dysfunction" as they use it for the whole of this manuscript. Indeed, this is central idea of this paper 2. The authors explicitly mention about cognitive functions/dysfunctions. However, I could not found the authors **state the area of cognitive function/deficits of stroke survivors usually experiences in the introduction** which makes me wondering why the authors want to address issue with cognitive functions. Then, **no information in the text discussing about the impact of certain cognitive domains to cognitive functioning** and **what are the relationship between these domains with brain regions and clinical determinants which come to the focus of this study**. These points need to be addressed by the authors | Thank you for your critical comments. Dear reviewers, in our manuscript we no longer use the term global cognitive dysfunction. The term we use in our manuscript is cognitive dysfunction, as you suggest in our title. However, we still defined cognitive dysfunction in the introduction, as you requested.  Thank you for your critical comments. This now has been done | **Line 37 – 39**  **Line 42 – 45, Line 56 – 61, and Line 72 – 75** |
| **4.** | **Method:**   1. A detail explanation on how participants from three different settings were recruited? who recruited the participants? 2. No detail explanation on the statistical analysis carried out in this study? 3. This is totally misleading information. Age, infarct diameter, duration of illness, cognitive status, etc are actually not consider as categorical data. You may classify them as a categorical data after you categorised them, and yet the raw data are still a continuous data. For example, MoCa score is a continues data, at the end you catgeorise their score, but the raw data are still continuous | Thank you for your critical comments. This now has been done.  Thank you for your critical comments. This now has been done.  Thank you for your critical comments. We hereby have attempted to revise this part of the method section to suit your expectations. | **Line 91 and Line 92 – 94**  **Line 148 – 150 and Line 153 – 160**  **Line 118 – 119, Line 121 – 123, and Line 125 – 127** |
| **5.** | **Results:**  Table 1: change to” Subjects characteristics (n=255)”  Is continuous data available somewhere? you may report in mean and S.D?  Cognitive status category: Seems not appropriate? May consider to use "impairment" instead? Then, the category should be: 1) Cognitive impaired, 2) Cognitive intact | Thank you for your critical comments. This now has been done. | **Line 173** |
| **6.** | **Results:**  Table 2 and 3: This is very lengthy title. Title in the table should be short and concise. The authors may rephrase and reformulate this title | Thank you for your critical comments. This now has been done. | **Line 183 – 184 and Line 195 – 196** |
| **7.** | **Discussion:**  In general, the discussion is more to descriptive in nature and lacks of a critical interpretation of the findings. In addition, not being supported by relevant references. | Thank you for your critical comments. We hereby have attempted to revise some parts of this discussion section to suit your expectations | **Line 206 – 210, Line 231 – 235, and Line 254 – 257** |
| **8.** | **Discussion:**  **“**Since all the subjects in this study were members of the National Health Insurance and head CT scans were also covered by the insurance**, the finding that some subjects did not undergo a head CT scan may be due to their low level of knowledge and awareness about the importance of stroke management in the acute phase and their lack of access to adequate health care facilities for a head CT scan examination, either because of the limited availability of these examination facilities or distance from hospital.”**  This sentence is too long and difficult to understand, please rephrase it accordingly | Thank you for your critical comments. This now has been done. | **Line 217 – 220** |
| **9.** | **Discussion:**  **“Considering that cognitive dysfunction that are not managed properly in the early phase of stroke in 30% of cases progress to dementia and this condition will result in a loss of work productivity for the survivors, the problem of post-ischemic stroke cognitive dysfunction has the potential to add to the socio-economic burden of the family.”**  References are missing? Some facts and evidence needs to be properly cited | Thank you for your critical comments. This now has been done. | **Line 231 – 235** |
| **10.** | **Discussion:**  **“These findings also provide a clinical significance that the cognitive dysfunction found in ischemic stroke survivors, if not treated adequately, will tend to be relatively stable until the duration of illness enters the chronic phase and this is certainly related to a poor prognosis for these stroke survivors.”**  References are missing? Some facts and evidence needs to be properly cited | Thank you for your critical comments. This now has been done. | **Line 254 – 257** |