Peer-Review comments and authors' responses

Reviewer 1
Recommendation: Revisions Required

1. *GUIDELINES:*
   Although well-written, this manuscript is quite lengthy, considering the journal requests a letter to the editor to have a maximum of 600 words and five references. The editor's edits have significantly contributed to making the manuscript more concise, but the authors should be aware of the submission guidelines.

   We apologize for the oversight and have revised the manuscript to comply with the journal's word and reference limits. We have ensured that the text is concise and focused on the key findings.

2. *GRAMMAR & TYPOS:*
   a) *Line 7: Is "MDL" a typo? Please revise.*

      We have corrected "MDL" to "MD" as it was indeed a typo. Thank you for pointing this out.

   b) *Lines 28-30 and 39-41: Considering a letter to the editor is not sectioned but presented as a continuous manuscript, the authors should revise the text for repetitive statements. Please delete one of the following sentences: "This study sheds light on an underexplored area and highlights the potential need for early screening and intervention for ADHD in pediatric orthopedic patients" OR "This study aims to highlight the need for early screening and intervention for ADHD in pediatric orthopedic patients to potentially prevent future injuries and improve overall outcomes."*

      We have deleted the second sentence to avoid repetition and to comply with the journal's format requirements.

   c) *Line 44: Do not repeat the explanation for an abbreviation. Once an abbreviation is introduced, please use it consistently throughout the text.*

      We have revised the manuscript to ensure that abbreviations are introduced once and used consistently throughout the text.

   d) *Lines 60-66: This paragraph has information that is later repeated in lines 141-146. I suggest deleting lines 60-66 and retaining only lines 141-146.*

      We have deleted lines 60-66 and retained lines 141-146 to eliminate redundancy.

Reviewer 2
Recommendation: Revisions Required

1. *INTRODUCTION: Overall, the authors provided important general information regarding the burden of the disease, but I suggest clarifying the gap in the literature more explicitly.*

   We have revised the introduction to clearly articulate the gap in the literature, emphasizing the lack of studies specifically examining the prevalence of ADHD symptoms in children with supracondylar humerus fractures.

2. *METHODS:*
   a) *When discussing the study methodology, it is unclear how the investigators selected the sample (consecutive? Or random?) and the nature of the setting (inpatient, outpatient, or mixed).*

      Thank you for this observation. Given the constraints of a letter format, detailed methodological descriptions were condensed to maintain focus on the primary findings. The sample was selected consecutively from pediatric patients treated for supracondylar humerus fractures at our institution, with data collection conducted in both inpatient and outpatient settings. We acknowledge that a more detailed methodological discussion would be appropriate for a full manuscript but falls outside the scope of this letter.

   b) *I suggest describing the design of the study more clearly.*

      We appreciate this suggestion. The study utilized a cross-sectional design, aiming to assess ADHD symptoms at a single time point among children with supracondylar humerus fractures. While this limits the ability to infer causality, it provides valuable initial insights that warrant further investigation through longitudinal studies. We agree that a more detailed description is essential in a full manuscript but must remain concise within this letter format.

   c) *Were there any non-responders?*

      Thank you for raising this point. In line with the letter format, we focused on presenting the key findings rather than a detailed account of non-responders. However, we confirm that there were minimal non-responders, and their exclusion did not significantly impact the results. A more detailed analysis would be included in a full manuscript submission.

   d) *If the investigators aimed to evaluate the prevalence of ADHD symptoms, why did they exclude patients who already had this diagnosis?*

This is an important observation. The study aimed to assess the prevalence of undiagnosed ADHD symptoms within this specific population, hence the exclusion of patients with a prior ADHD diagnosis. This focus allows us to identify potential cases that might otherwise be overlooked in clinical settings. We recognize that this decision limits certain comparisons but aligns with the objectives of the study within the letter format.

e) *It would be interesting to know the data regarding the socioeconomic status of the sample because this could impact the prevalence of ADHD and help the readers interpret the findings.*

We agree that socioeconomic status is a critical factor in interpreting ADHD prevalence. While this letter format limits the inclusion of such detailed analysis, we did observe variations in socioeconomic status among the sample, although no significant correlation with ADHD symptoms was found. This finding would benefit from further exploration in future studies, ideally within a more expansive manuscript.

f) *DISCUSSION:*

a) *When discussing the findings, I suggest highlighting that the SNAP IV is a screening tool, not a diagnostic tool, especially when comparing the rates they found with those in the literature.*

We appreciate this suggestion and have clarified in the letter that the SNAP-IV is indeed a screening tool rather than a diagnostic instrument. This distinction is crucial in interpreting our findings, and we have ensured that this point is emphasized within the limitations of the letter format.

b) *In the final paragraph, I suggest specifying "neurodevelopmental specialists."*

We have specified "neurodevelopmental specialists" in the final paragraph to provide clarity on the recommended referrals.

Reviewer 3

Recommendation: See comments

1. *METHODS*:
   a) *Lack of Control Group: The most significant limitation is the absence of a control group. Without comparing children with SUF who exhibit ADHD symptoms to those who do not.*

   We acknowledge the limitation regarding the lack of a control group. This study was designed as a preliminary exploration of ADHD symptoms within

a specific clinical population, with the intention of prompting further research that includes control groups. We have highlighted this limitation and suggested directions for future research in the letter.

b) *Sample Size: The study included only 45 children, a relatively small sample size. This limits the generalizability of the findings and the statistical power to detect significant differences or associations.*

Thank you for this observation. The sample size was indeed limited, reflecting the exploratory nature of this study. We acknowledge that the findings may not be broadly generalizable and have indicated this as a limitation in the letter. Larger, more comprehensive studies are needed to confirm these preliminary observations.

2. *DESIGN:*
   a) *The study design is cross-sectional, meaning it captures a single point in time rather than changes over time. This limits the ability to infer causality and understand the temporal relationship between ADHD symptoms and the occurrence of fractures.*

We recognize the limitations inherent in a cross-sectional design, particularly regarding the inference of causality. The study aimed to provide initial insights rather than establish causal relationships. We have noted this limitation in the letter and have suggested that future research adopt longitudinal designs to better understand these dynamics.

b) *Articulate areas for future research, such as longitudinal studies to track ADHD symptoms and injury risk over time, or intervention studies to test the efficacy of targeted ADHD treatments in reducing injury rates.*

We appreciate this suggestion and have incorporated it into the letter. We have highlighted the need for longitudinal studies to track ADHD symptoms and associated injury risks over time, as well as intervention studies to assess the efficacy of targeted treatments in reducing these risks.

3. *DISCUSSION:*
   a) *Address Study Limitations*

We appreciate the importance of thoroughly addressing study limitations. We have acknowledged the primary limitations, including the lack of a control group, the small sample size, and the cross-sectional design, which limits causal inferences. These limitations have been discussed in the letter, and we have suggested areas for future research that could address these gaps, such as studies with larger samples and control groups.

b) *This section should compare the results to similar studies and discuss potential reasons for any differences observed.*

Thank you for this suggestion. In the discussion, we have compared our findings with those of similar studies and explored potential reasons for any observed differences. This comparison has helped to contextualize our results within the broader literature, even within the constraints of a letter format.

c) *Consider including visual aids such as tables, graphs, or charts to illustrate key findings and make the data more accessible.*

Visual aids can indeed enhance the clarity of the findings. However, due to the limited space and format requirements of a letter to the editor, we focused on delivering a concise narrative of the key results. In a full manuscript, we would certainly consider the inclusion of visual aids to better illustrate the data.

Reviewer 4

Recommendation: Revisions Required

1. *INTRODUCTION: The "previous research" needs to be cited in the introduction.*

   We have added citations for previous research in the introduction to support our statements.

2. DISCUSSION**:**

   a) The limitations of your study should be better addressed in the discussion section. Some of the limitations that could be explored and added in the discussion section are: The difference in the proportion of the boys and girls included in the sample. Could this introduce bias in the interpretation of the results?

   We appreciate this observation. The gender imbalance in our sample is indeed a potential source of bias, which we have acknowledged as a limitation in the discussion. We discussed how this imbalance might affect the interpretation of the results, noting that future studies should aim for more balanced gender representation to enhance the generalizability of the findings.

   b) The use of participants with no prior diagnosis of ADHD and use of the SNAP-IV. This questionnaire has been shown to have high sensitivity and low specificity (Hall et al., 2020), meaning that type 1 errors are prone to occur. Could the results from your study be higher than they truly are?

This is an important point. We have acknowledged in the discussion that the use of SNAP-IV, a screening tool with high sensitivity and lower specificity, may have led to inflated prevalence estimates. We noted that this is a limitation and that future studies should consider using more specific diagnostic tools to validate the findings.

c) *You cited the lack of control in your study and despite that, your results align with those of other authors. However, you should also explain this*.

Thank you for this suggestion. We have elaborated in the discussion on how our findings align with those of other studies, despite the lack of a control group. This alignment strengthens the validity of our results, although we emphasize that further research with control groups is necessary to confirm these observations.

d) You stated that the control is needed, but how? A case-control study or cohort?

We agree that specifying the type of control study is important. We have clarified that future research could benefit from a case-control design, which would allow for direct comparison between children with and without ADHD symptoms in the context of supracondylar humerus fractures, thereby providing stronger evidence of potential associations.

e) The limitation of the cross-sectional nature of your study in inferring causality and the generalizability of the study should be mentioned.

We have addressed the limitation of the cross-sectional design in the discussion, noting that it precludes causal inferences and limits the generalizability of the findings. We suggested that future studies should adopt longitudinal designs to better understand the temporal relationship between ADHD symptoms and fracture risk.

f) A more detailed analysis of covariates is recommended to narrow down the target population (e.g., repeated trauma). Otherwise, the next study would be very large considering the statistical power to overcome the covariates.

We appreciate the recommendation for a more detailed analysis of covariates. While the letter format limited our ability to include such detailed analyses, we have acknowledged the need for future studies to explore covariates like repeated trauma in more depth. This approach would indeed help to narrow the target population and improve the study's statistical power.

Dear Editor and reviewers,

Thank you for considering our manuscript "*Detecting ADHD in Children with Supracondylar Humerus Fractures: New Insights*".

We went through the Manuscript to consider and made changes according to our reviews. Following the journal standards, the changes that have been made are highlighted in the manuscript using yellow color, the most critical ones are described in detail below.

We are very thankful for this opportunity and are more than willing to further review the manuscript in any point the reviewers might judge needed. We hope it will be sufficient and we are available for any necessary adjustments.