

Review of: "Medical Nutrition Therapy in Hospitalized Pulmonary Tuberculosis Patients: A Retrospective Analysis of Its Effect on Monocyte-to-Lymphocyte Ratio (MLR), Neutrophil-to-Lymphocyte Ratio (NLR), and Prognostic Nutritional Index (PNI)"

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Potential competing interests: No potential competing interests to declare.

The study investigates the impact of Medical Nutrition Therapy (MNT) on MLR, NLR, and PNI in pulmonary tuberculosis (PTB) patients. While the research highlights the potential benefits of adequate energy and protein intake, there are several aspects that could be improved for a more robust analysis:

1. The study lacks a control group, making it difficult to isolate the effects of MNT from other factors, such as natural disease progression or concurrent treatments. A controlled trial with a non-MNT group would strengthen the conclusions.
2. The sample characteristics are not discussed in detail, but the sample size appears small (n=133). Larger samples can provide more statistical power and better generalizability. Additionally, demographic details like age distribution, gender, and ethnicity should be reported for a comprehensive understanding.
3. The choice of 1500 kcal and 75 grams for energy and protein intake thresholds is arbitrary. Future studies should justify these values based on established nutritional guidelines or individual patient needs.
4. The use of non-parametric tests (Wilcoxon and Mann-Whitney U tests) suggests data may not follow a normal distribution. However, it would be beneficial to report normality tests and consider alternative analyses if necessary.
5. The study focuses on energy and protein intake but does not account for the quality and balance of nutrients. A more detailed analysis of macronutrient and micronutrient intake might reveal additional insights.
6. The study only assesses in-hospital changes. Long-term follow-up after discharge could demonstrate the sustainability of the observed effects and their impact on patient recovery.
7. The discussion mentions potential confounders like marital status and length of stay (LOS), but these were not included in the analysis. Adjusting for such factors could refine the results.

