

Dementia in Scottish military veterans: early evidence from a retrospective cohort study

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Cite this article: Chen H-Y, Chang R, Wei JC-C (2023). Dementia in Scottish military veterans: early evidence from a retrospective cohort study. *Psychological Medicine* **53**, 4820–4820. <https://doi.org/10.1017/S0033291721005237>

Received: 24 November 2021

Revised: 1 December 2021

Accepted: 2 December 2021

First published online: 7 January 2022

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To the Editor:

We read with great interest the paper by Bergman, Mackay, and Pell (2021) about dementia in veterans and non-veterans. Authors found that there was no evidence in the subsequent risk of dementia between veterans and non-veterans (Bergman et al., 2021). This study has provided an excellent basis for a follow-up study of the association of veterans with dementia. However, there are some concerns we would like to discuss further.

First, we note that there's possibility of important residual confounders. We suggest further match or adjust known risk factors of dementia to rule out residual confounding bias, such as hypertension, diabetes, hypercholesterolemia, obesity, and cardiovascular diseases. Further subgroup analysis on these important covariates for clinical applications would be appreciated (Baumgart et al., 2015; Shang et al., 2020). Additionally, it would be necessary for further matching or stratified analysis of periodontal disease and chronic inflammatory diseases (Lee et al., 2016; Ma et al., 2021).

Second, we also concern about the coding accuracy of ICD-9 and -10 for dementia, post-traumatic stress disorder, and mood disorder that may be underdiagnosed in many claim-based databases. We suggest that the authors to provide validation data or references for the definition of outcome to avoid information bias.

We are grateful for the work done by the authors and looking forward to their response.

Conflict of interest. None declared.

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