Peer Review – Use of botulinum toxin in upper limb tremor: systematic review and perspectives

Many of the changes done to the review article are satisfactory but I ask the authors to work more on some details of the paper to make it acceptable

The explanation of dystonic tremor has been added but is not completely clear yet.

Tables are now clearer and more information has been added.

Abstract

Line 9: After "promising avenue"- I would add -"but there is still no evidence of efficacy.

Line 19: Conclusion: I would say: evidence is still lacking but some data have been analyzed regarding the modality and the site of injection (distal versus proximal) …… to be discussed….

Line 40: isometric: please explain the concept which is not clear.

Line 43: functional: please explain what do you mean: psychological or disabling

Line 99: please report clinical scales used (I would suggest to include scales in table 1 in a new column).

Line 202: kinematic analysis: please explain if you mean optoelecronic system, accelerometry gyroscopy?

It would be interesting to create a column in Table 1 focused on quantitative analysis: which type and if it has been used or not used

Is there a role of kinematic analysis in future studies to test the patient during specific tasks

Lines 298-308: please improve 4.3 paragraph.

Lines 335: about dilution: 300-400 U U/ml for abobotulinum: would you also consider 500 U as it is in may countries?

Please include a specific reference for every guide at the end of every paragraph (lines 348/352/356)

The "Going further" paragraph lists and summarizes opinions from the authors and has been clarified but I ask the authors to modify the title of 5.1: is too strong; I suggest to change "advice based on personal experience" in "Comments and suggestions for best practice"…

Lines 395-400 This paragraph should be use to propose operative advices to the scientific community in order to conduct new RCTs.

There are some statements that are not completely evidence based: we do not know if acting only on agonist muscles could be as effective as acting on both agonist and antagonist muscles. Maybe this could be true just for a subtype of tremor and must be underlined (line 370).

The paragraph about rehabilitation techniques still lack of any reference about dystonic tremor.

Line 391: please be clear about which paper reports (add REF) that rehabilitation is the only solution in this case of tremor.