C.11

LEMBAR
HASIL PENILAIAN SEJAWAT SEBIDANG ATAU *PEER REVIEW*
KARYA ILMIAH : JURNAL ILMIAH

JudulKarya Ilmiah (Artikel) : Effects of Physical-Cognitive Therapy (PCT) on Criticaly ill Patients in Intensive Care Unit
Jumlah Penulis : 3 Orang
Status Pengusul : Heru Suwardianto, **Awal Prasetyo**, Reni Sulung Utami
Identitas Jurnal Ilmiah :
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h. Alamat web jurnal : https://ir.lib.hiroshima-u.ac.jp/en/list/HU_journals/AA00664312/67/--/item/45845
i. Terindeks di : Q4, SJR = 0,1
j. On line turnitin : https://doc-pak.undip.ac.id/2603/1/Turnitin-Effects-of-Physical-Cognitive.pdf

Kategori Publikasi Jurnal Ilmiah (beri ✓pada kategori yang tepat) :
☑ **Jurnal Ilmiah Internasional**/ Internasional Bereputasi **
☐ Jurnal Ilmiah Nasional Terakreditasi
☐ Jurnal Ilmiah Nasional/Nasional

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Komponen Yang Dinilai	Nilai Maksimal Jurnal Ilmiah			Nilai Akhir Yang Diperoleh
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a. Kelengkapan unsur isi artikel (10%)	3			3
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LEMBAR

HASIL PENILAIAN SEJAWAT SEBIDANG ATAU PEER REVIEW

KARYA ILMIAH : JURNAL ILMIAH

Judul Jurnal Ilmiah (Artikel	: Effects of Physical-Cognitive Therapy (PCT) on Criticaly ill Patients in Intensive Care Unit		
Jumlah Penulis	: 3 orang		
Status Pengusul	: Heru SUWARDIANTO, Awal PRASETYO, Reni Sulung UTAMI		
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	h. Alamat web Jurnal	:	https://ir.lib.hiroshima-u.ac.jp/en/list/HU_journals/AA00664312/67/--/item/45845
	i.Terindeks di	:	Q4, SJR = 0,1
	j. Online turnitin	:	https://doc-pak.undip.ac.id/2603/1/Turnitin-Effects-of-Physical-Cognitive.pdf

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d	Kelengkapan unsur dan berkualitas terbitan/ jurnal (30%)	9			 8,5
	Nilai Total = (100%)	30			 28,5
	Nilai Pengusul =			40% x ...../2 = ...	5,7

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a. Kelengkapan unsur isi artikel : Abstrak tertulis lengkap dan informatif. Pendahuluan, metode, hasil, diskusi dan Pustaka ditulis sesuai kaidah penulisan ilmiah, namun tidak tercantum kriteria inklusi dan eksklusi pada abstrak. Pustaka ditulis dengan sistem Vancouver dan semuanya baru & relevan.

b. Ruang lingkup dan kedalaman pembahasan : Bidang ilmu penunjang, pembahasan ruang lingkup tetap bidang ilmu penunjang, pembahasan secara cukup luas dan dibandingkan dengan penelitian-penelitian terdahulu.

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d. Kelengkapan unsur dan berkualitas terbitan/ jurnal : Jurnal internasional bereputasi : Q4, SJR = 0,1

Semarang, 30 September 2020

Reviewer 2

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The Correlation between Serum Vascular Endothelial Growth Factor (VEGF) Levels and Size of Colorectal Cancer Tumors (/en/list/HU_journals/AA00664312/67/--/item/45850)

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TNF - α Gene Polymorphism is Likely to be a Risk Factor for NASH in Indonesia (/en/list/HU_journals/AA00664312/67/--/item/45851)

creator	Purnomo, Hery Djagat; Ep Mundhofir, Farmaditya; Kasno; Sudijanto, Edi; Darmono; Daldiyono; Mh Faradz, Sultana
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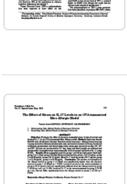

The Effect of Stress on IL-17 Levels in an OVA-immunized Mice Allergic Model (/en/list/HU_journals/AA00664312/67/--/item/45852)

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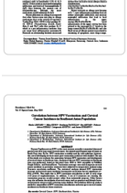

Correlation between HPV Vaccination and Cervical Cancer Incidence in Southeast Asian Population (/en/list/HU_journals/AA00664312/67/--/item/45853)

creator	Lestari, Sheila; Kuno, Mika; Facicilia, Geofanny; Aisyah, Siti; Kemal, Rahmat Azhari; Agusta, Istiqomah; Sumarpo, Anton
journal title	Hiroshima Journal of Medical Sciences
volume	Volume 67
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Polymorphism in 4'-UTR Region of PITX2 in Vertical Mandibular Symmetry (/en/list/HU_journals/AA00664312/67/--/item/45854)

The Efficacy of Education with the WHO Dengue Algorithm on Correct Diagnosing and Triaging of Dengue-Suspected Patients; Study in Public Health Centre

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ABSTRACT

Background: Correct diagnosing and triaging dengue fever remains clinical, but is difficult because of unspecific flu-like symptoms. Best tool at the moment is the easy–to-use 2009 WHO guidelines. ***Objective*:** To investigate the efficacy of educational intervention with the (adapted and translated) algorithm from the 2009 WHO dengue guideline to healthcare providers in the Indonesian primary health care setting of Central Java. ***Methods:*** Quasi-randomized intervention study implemented in two Public Health Centres (PHCs), one being intervention and the other control. Intervention consisted of educational actions on healthcare providers with a presentation, hand-outs and posters. All patients with fever seen in policlinic or emergency department were included. Data were collected with a participatory observation using the WHO algorithm as a guidance. ***Results:*** Pre-intervention, a total of 88 patients (n=38 intervention group; n=50 in the control group), and post-intervention, a total of 231 patients (n=105 in the intervention group; n=126 in the control group) were included. Pre-intervention, correct diagnosing and triaging was not significantly different (63.2% vs 64.0% ; *p=0.935*), while post-intervention, the intervention group scored higher (75.2% vs 62.7% ; *p=0.041*). However, in both pre- and post-interventional phase, more than 50% of the cases in 19/22 domains were not investigated by the intervention group. ***Conclusion:*** Statistical analyses showed a significantly better outcome in correct diagnosis in the intervention group. However, results are considered inconclusive due to incompleteness of relevant information, which most probably leads to many false positive correct diagnoses and triaging.

Keywords: *DHF, WHO guidelines, primary care setting*

Dengue fever, is a mosquito-borne viral infection that has now spread to most tropical and subtropical regions of the world including Indonesia, and continues to increase in incidence and severity.(1) In endemic areas, diagnosis of Dengue Fever is usually made clinically and based on reported symptoms, physical examination and at times a full blood count (haematocrit, WBC and platelets). The actual WHO-guideline from 2009 has been recognized as an authoritative reference worldwide. Different studies have proven the effectiveness of the triaging-system of the guideline especially in recognizing Severe Dengue, and showed clinical and epidemiological usefulness, especially when there are no laboratory tests available[i-3] The WHO algorithm provides a probable diagnosis of Dengue and triages patients into group A (can be sent home), group B (referred for inpatient care), or group C (referred for emergency treatment in hospital). Points for improvement suggested by most studies was re-assessment of warning signs as predictors for severe disease progression.(1-3) At the moment, there is no national Indonesian dengue guideline available in the English language. The existing guideline from the Indonesian Ministry of Health also is intended for medical doctors only(2).

Preeliminary result of an observational cross-sectional unpublished study about the diagnosis, triaging and management of Dengue Fever in the Public Health Centre (PHC) compared to the 2009 WHO dengue guidelines indicated incomplete history taking and physical examination in 63.9%

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Autism phenotype in fragile X premutation males is not associated with *FMR1* expression: a preliminary evaluation

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ABSTRACT

To explore the association between autism phenotype and *FMR1* protein (FMRP), *FMR1* mRNA and CGG repeat length in 31 male *FMR1* premutation carriers aged 3.0 to 27.9 years old (mean 13.0 ± SD 6.5) using the ADOS communication, social interactive and total scores. FMRP levels were determined using the sandwich Enzyme-linked Immunosorbent Assay (ELISA) method, *FMR1* mRNA expression levels were measured by qRT-PCR, and CGG repeat size was determined using Southern blot and PCR analyses. There was no significant difference in FMRP, CGG repeat length, and *FMR1* mRNA between fifteen subjects without (ASD / PDDNOS / autism and sixteen subjects with ASD / PDDNOS / autism. ADOS scores were not significantly associated with either FMRP or *FMR1* mRNA, This preliminary evaluation found that autism phenotype is not associated with the level of expression of either *FMR1* mRNA or FMRP. However, CGG was significantly negative associated with both ADOS communication score (p= 0.0173) and ADOS total score (p= 0.0358).

Key-words: Autism, CGG, *FMR1* mRNA, FMRP, Fragile-X Premutation

The expansion of the CGG repeat in the premutation range (55-200 CGG repeats) of the fragile X mental retardation 1 gene (*FMR1*) can lead to a range of clinical involvement, including psychological problems [1,2]; fragile X-associated primary ovarian insufficiency (FXPOI) [3,4]; immune-mediated disorders [5,6]; hypertension [7]; fragile X-associated tremor/ataxia syndrome (FXTAS) [8–10] and neurodevelopmental disorders, such as autism spectrum disorders (ASD) and attention deficit hyperactivity disorder (ADHD) [11,12]. Some of behaviours associated with autism such as avoidance of eye gaze, hand flapping, repetitive behaviours, and speech perseverations have been reported in more than 60% of all individuals with fragile X syndrome (FXS) [13–15].

A lack or deficiency of the *FMR1* protein (FMRP) in individuals with the full mutation (>200 CGG repeats) leads to the clinical features of FXS[16]. However, FMRP may be also mildly deficient in some individuals with the premutation, particularly those with CGG repeats in the upper premutation range as well as the premutation CGG Knock-In (CGG KI) mouse model [17–20]. In addition, elevated level of *FMR1* mRNA, which rises with increased CGG-repeat number, is the most consistent molecular abnormality observed in both human and mouse premutations [20–23]. Elevated mRNA also leads to central nervous system (CNS) toxicity and neurological disease, such as FXTAS and psychopathology in older carriers [1,2,24].

Although most individuals with the premutation are unaffected by intellectual disability, a subgroup of children experience ASD, ADHD, anxiety, seizures, and learning difficulties or intellectual disability [12,13,25–29]. The prevalence of ASD in boys with the premutation whose parents sought medical attention for their sons' behaviour problems in the clinic (probands) is

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