

Peer Review File

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Reviewer A

Good work, there some minor suggestions:

Detailed Case Description: You provide details about the cases studied, which helps to contextualize the issue and understand how MCI was identified in patients who did not present with cognitive problems. However, you could add more information about specific symptoms or clinical presentations of the patients.

- Specific symptoms/clinical presentations for every patient have been added as a new column in table 1 highlighted in yellow.

Methods and Tools Used: You mention that cognitive assessments such as MOCA and brain MRIs were conducted, which is relevant. It would be helpful to provide more details on how these assessments were carried out, what criteria were used to confirm the presence of MCI, and whether other clinical tests were employed

- The criteria to confirm presence of MCI is now included in the study design section, line 202-209 highlighted in yellow. This has been also included in detail for every patient as a new column for a new table (Table 3) highlighted in yellow.
- Yes, other clinical tests were included. Details of specific blood and urine tests were included, lines 194-196, highlighted in yellow.

Reviewer B

This is an important case study which highlights the need to screen for cognitive impairment in primary care settings.

Comment 1: This case report would be strengthened by more details regarding the methods used to identify impairment during the visit, particularly in the interview. What types of questions were asked to gather history of symptoms?

- Summary of the questions has been added in a new table, see Table 2. This has been referenced in the study design in lines 166-170, highlighted in yellow.

Could you provide some more detailed examples of symptoms?

- Specific symptoms/clinical presentations for every patient has been added as a new column in table 1 highlighted in yellow.

Which items were patients commonly missing on the MoCA? I think more details would provide richer examples with which clinicians can reflect on their own practices.

- More information about MOCA has been added as a new column in table 3, highlighted in yellow.

Comment 2: Line 13: I think you should remove the third word “it” in this sentence so that it reads: “This study highlights the multifaceted nature of MCI, bringing attention to non-traditional presentations and the risk that cognitive impairment can be overlooked.”

- The change has been done. Please note that this is now in line 214, highlighted in yellow.

Comment 3: Line 39: You already defined the acronym MCI so you can use that throughout the paper instead of the full term “mild cognitive impairment”.

- Changes has been done across the manuscript to reflect this.

Comment 4: In table 1, the column “Duration of presentation in..” is missing units. Months?

- This has been added.

Comment 5: Do you have years of education available? That would be interesting to include in the table.

- This has now been included in table 1.

Comment 6: Patient 1 was referred for anxiety but that was not included in his mental health history column. Was this identified during the visit? That may be interesting to discuss as anxiety can be related to cognitive impairment symptoms.

- This was identified after the diagnosis. A comment on this has been included in the discussion section in lines 253-256, highlighted in yellow.

Comment 7: In the table you use the terms “middle-age related changes” and “age related changes,” please clarify the differences for the reader.

- Apologies this was an error. It is age-related changes.