



SDI Review Form 1.6

Journal Name:	Asian Journal of Cardiology Research
Manuscript Number:	Ms_AJCR_45449
Title of the Manuscript:	Risk factors and management of Hyperlipidemia (Review)
Type of the Article	Review Paper

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	Abstract 1. Authors did not include the summary of their results and conclusion in the abstract. Introduction 2. Authors should explain briefly why hyperlipidemia is also known as hyperlipoproteinemia. 3. Authors should include the defined levels of lipids/indicators in different hyperlipidemic state. 4. Explain briefly the different types of Familial hyperlipidemia that exist. 5. Endogenous synthesis of lipids and the pathophysiology of hyperlipidemia are not explained in this review. Risk factors 1. The risk factors should be discussed as subheadings eg: i) Unhealthy Lifestyle, ii) Dietary causes etc. 2. Your discussion focused more on hypercholesterolemia but less on hypertriglyceridemia. 3. There is little or no epidemiological findings in this review. 4. Risk factors such as obesity, diabetes mellitus, pancreatitis, hypothyroidism, sedentary lifestyle are not elaborated properly in this article Pathogenesis, Symptoms and Diagnosis. 1. The pathogenesis as discussed in this article should be improved upon. 2. Authors did not mention the ways of diagnosing hyperlipidemia. Treatments 1. The mechanism of statins, ezetimibe and bile acids resins are not discussed in this review. 2. Authors should highlight on recently improvised drugs, clinical trials and food supplements.	Abstract 1. This is a review; it is not an original article to include results. Conclusion has been added in the abstract. Introduction 2. hyperlipidemia is also known as hyperlipoproteinemia has been added 3. Table has added 4. Table has added 5. Explanation has be added Risk factors 1. Headings have added 2. More details were added regarding hypertriglyceridemia 3. Data have added 4. Mode of action has added Pathogenesis, Symptoms and Diagnosis. 1. More details, corrections and elaborations were added 2. More details were added Treatment 1. The mechanism added 2.
Minor REVISION comments	1. "High Density Lipoprotein HDL is produced by the liver. Its function is to transport cholesterol from the body back to the liver. That is why it is called "good cholesterol" lipoprotein. (1)". There are other reasons why it is called a good cholesterol lipoprotein such as antioxidant and anti inflammatory properties. Please include some of these reasons. 2. "Elevated levels of Lipoprotein (a) may also be classified as a form of hyperlipidemia." At what levels ? 3. "when possible or discontinuation of the offending drugs usually leads to an improvement in the hyperlipidemia. (6,8)." Please check 4. "For women it happens later, after they go through menopause and their cholesterol levels tend to rise". Explain the mechanism in brief. 5. "High blood sugar contributes to higher LDL cholesterol and lower HDL cholesterol." (State a Reference) 6. "High blood sugar also damages the lining of the arteries. (State a Reference). 7. Other cholestatic liver diseases and primary biliary cirrhosis increase the risk of dislipidemia." (State a Reference). 8. "Dyslipidemia does not have symptoms at all, but it can cause other symptomatic vascular disease, like coronary artery disease." Please rephrase. 9. State a reference for "The international guidelines recommend a reasonable and feasible approach to fitness Therapy". 10. Treatments goals should be highlighted before the treatments.	1. HDL added 2. Levels of Lipoprotein added 3. Checked 4. Mechanism added 5. Reference added 6. Reference added 7. Done 8. Done 9. Done



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	11. Author should discuss the pathogenesis of atherosclerosis.	
Optional/General comments	1. Majority of the references cited in this review are too old. Moreover recent work on such review has been carried out. Please refer to the following review articles: I. Weinreich, M. and Frishman, W.H. (2014). Antihyperlipidemic therapies targeting PCSK9. <i>Cardiology in Review</i>, 22(3):140-146. II. Shattat, G.F. (2014). A Review Article on Hyperlipidemia: Types, Treatments and New Drug Targets. <i>Biomedical and Pharmacology Journal</i>, 7(2):399-409. III. Harikumar, K., Abdul Althaf, S., Kishore kumar, B., Ramunaik, M. and Suvarna, C.H. (2013). A Review on Hyperlipidemic. <i>International Journal of Novel Trends in Pharmaceutical Sciences</i>, 3(4): 59-75. IV. Amumuta, A. (2014). A Review on Risk Factors/Indicators and Effects of Hyperlipidemia. <i>Middle-East Journal of Scientific Research</i>, 22(6): 886-893. 2. There are typographical errors in this article. 3. Author should update this article in relation to contemporary research findings.	References were added

PART 2:

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Are there ethical issues in this manuscript?	(If yes, Kindly please write down the ethical issues here in details)	