



SDI Review Form 1.6

Journal Name:	British Journal of Medicine and Medical Research
Manuscript Number:	Ms_BJMMR_26276
Title of the Manuscript:	THE METABOLIC SYNDROME IN ADOLESCENTS AGE 11-18 YEARS WITH FAMILIAL HISTORY OF EARLY ONSET TYPE 2 DIABETES (T2DM)
Type of the Article	Original Research Article

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.

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

PART 1: Review Comments

	Reviewer's comment	Author's comment (<i>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</i>)
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<p><u>Compulsory</u> REVISION comments</p>	<p>METHODS: exclusion and inclusion criteria are lost in the context. It is not clear how some measurements were done and their references (WC and BP). Which criteria for MS was used? Which definition of family history of early onset of T2DM? The statistical analysis described were not used .</p> <p>RESULTS: It is not clear the prevalence of MS in the control group. The populations are different in BMI, it can be a bias of the study. Table 2 is not in the methods. The written is difficult to understand.</p> <p>DISCUSSION: It starts with a method. After, the author discuss each factor used to MS diagnoses with different impact and not in order of importance. It is not clear the prevalence of MS in control group. Table 2 is not in discussion. The written is difficult to understand.</p> <p>CONCLUSION: It is not in concordance with the aim of the study. The definition of the aim of the study, the methods and the results are not in agreement.</p>	<p>Measurements for blood pressure and waist circumference and references are included. See NCEP-ATP111 reference [11] for criteria for MS and Doria et al for reference [13] definition of early onset type 2 diabetes.</p> <p>Data for Table 2 were obtained from: Consent was given by mothers to have obstetric records and dockets examined for data retrieval (please revisit methods). Both groups of adolescents had normal BMI <25kg/m². It would be impossible to match exact BMI, both are in the normal range , reference [18]</p> <p>The author started with the least impactful which is hypertension and hypertension as defined was absent from both groups of adolescents. MS is defined as the presence of 3 or more factors : dyslipidemia, glucose intolerance ,obesity, hypertension whilst adolescents without family history of diabetes had a few features of MS. MS has defined by three features was absent from that group. Table 2 is now included in the discussion</p> <p>The conclusion is now in concordance with aim and methods and results</p>
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<u>Minor</u> REVISION comments	<p>ABSTRACT: BP is missing. The prevalence of MS in adolescents of similar BMI without family history of diabetes is not clear.</p> <p>INTRODUCTION: The last paragraph is confuse, including the definition and the aim of the study</p> <p>Ethical issue: the Institutional Review Board (IRB) at the University Hospital of the West Indies (UHWI), Jamaica, approved the protocol. In addition, there were a written informed consent that was obtained from mothers and assents that were obtained from adolescents.</p>	BP is noted. MS was not present in adolescents without family history of diabetes
<u>Optional/General</u> comments	A study of the impact of the family history of early onset of T2DM with the risk of the MS surrogate marks in non-obese adolescents is very interesting.	