



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.

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	<p>1- Abstract needs a one line background about your topic.</p> <p>2- Sample size is very small (25 adolescents) compared to Thirty two (32) adolescents of similar age and BMI without familial history of diabetes served as controls.</p> <p>3- You said "chronic metabolic conditions" please clarify like what.</p> <p>4- You said "Met_{SIFG} which does not include insulin resistance and the Met_{HOMA}" please mention full words before abbreviation.</p> <p>5- You said "A secondary analysis of the prevalence rate" please can you explain this.</p> <p>6- Please add reference for Helsinki Declaration of 1975.</p> <p>7- You did not mention BMI calculation in methodology.</p> <p>8- You concluded "MS in adolescents can translate into atherosclerotic processes in later life" this is not your conclusion.</p> <p>9- You said "There was a positive correlation between LGA at birth and abdominal obesity in adolescents "please mention r and p or add correlation diagram</p> <p>10- Reference 1o, 15 mention year of journal.</p>	<p>Included</p> <p>Adolescents with family history of early onset type 2 diabetes is rare as early onset forms < 5% of type 2 hence small sample size</p> <p>Clarified</p> <p>Definitions made</p> <p>Clarified</p> <p>Included in methodology</p> <p>removed</p> <p>rand p values added</p> <p>Corrected</p>



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Minor REVISION comments	1- In introduction you said "Studies have shown an association between MS and family history of T2DM in children and adolescents [6,7]." Can you mention what your work added?	
Optional/General comments		