



**SDI FINAL EVALUATION FORM 1.1**

**PART 1:**

Journal Name:	<a href="#">British Journal of Medicine and Medical Research</a>
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 Article:	Original Research Article

**PART 2:**

FINAL EVALUATOR'S comments on revised paper (if any)	Authors' response to final evaluator's comments
<p><b>METHODS:</b> exclusion and inclusion criteria are lost in the context.</p> <p>WC continuous not clear, which reference was used? In the paper is "18 CDC". This is for BMI and not for WC. "uppermost lateral border of the ilium" is not the more useful place to measure.</p> <p>The more recent and used reference for MS in children and adolescents is IDF definition (Zimmet et al www.thelancet.com Vol 369 June 23, 2007).</p> <p>The statistical analysis described were not used. Where is the logistic and multiple regression?</p> <p><b>RESULTS:</b> The written is still unclear.</p> <p>Table 2 is not in the objectives and the variables are not included in MS. Suggestion a table showing the two groups and the parameters used in MS.</p> <p><b>DISCUSSION:</b> Table 2 is lost in the discussion. The written is difficult to understand.</p> <p><b>CONCLUSION:</b> The first paragraph added is not clear. The definition of MS is not the aim of the discussion, not even that none of the adolescents have normal blood pressure.</p> <p>There is no limitations on the paper: the MS criteria, the WC reference, the differences in BMI and WC in both groups. The dichotomy in the MS parameters?</p> <p>May be in the "A2 group- Adolescents with familial history of early onset T2DM" there are more overweight adolescents than in the control group. It can be a bias</p> <p>The definition of the aim of the study, the methods and the results are still not in agreement.</p>	<p><b>Inclusion &amp; Exclusion criteria are now in context</b></p> <p><b>WC redefined reference [19]</b></p> <p><b>Zimmet et al from Lancet 2007 used as reference</b></p> <p><b>Regression model was minimally used, you may have missed it in the discussion</b> (There was a positive correlation between LGA at birth and abdominal obesity in adolescents (<math>r=0.04</math> and <math>p=0.01</math>).</p> <p>Results were clarified</p> <p>Table 2 shows demographics on mothers of those with MS and mothers of the controls. This is paramount as demographics of mothers have a strong impact on family history. From the table and discussion 23/25 had family history of early onset T2DM.</p> <p>This is the essence of the discussion. Blood pressure was not important in this study for definition of MS. None in the two group presented with blood pressure</p> <p>The dichotomy is explained in the section 4.4. Waist Circumference.</p> <p><b>Indeed they are more overweight by WC but based on BMI all were normal weight and this give importance to the argument that WC criteria gives a better indicator of obesity because one can have a normal BMI but based on WC is at risk for MS. The definition of the aim, methods and results are in agreement.</b></p>