



SDI FINAL EVALUATION FORM 1.1

PART 1:

Journal Name:	British Journal of Medicine and Medical Research
Manuscript Number:	Ms BJMMR 27559
Title of the Manuscript:	Interrelationship of serum uric acid levels and cardiovascular disease risk factors in Bangladeshi patients treated with antihypertensive drugs
Type of Article:	Original Research Article

PART 2:

FINAL EVALUATOR'S comments on revised paper (if any)	Authors' response to final evaluator's comments
Attention to style and contents. Pag 2 line 58= correct again , total subjects are 197	In Page 2, line 58, the number of subjects has been corrected to 197
Table 4. multiple coreltion =check and correct	Sorry, we do not understand what to correct in the Table 4. Would you please clear it? Is it about why SBP and/or DBP didn't correlate with UA when they were included in the multiple correlation analysis?
If healthy controls were selected and defined on the basis of UA in the normal range, clearly hypertensive patients showed significant different levels of UA.	Healthy control subjects were selected on the basis of blood pressure. Irrespective of gender, ~80% of the hypertensive subjects (considering all WOD and WD subjects together) also were hyperuricemic. Thus their UA levels were significantly high, as shown in the Table 2. When we did bivariate analysis between UA vs. SBP, and UA vs. DBP (as shown in the Table 3), we also found significant positive correlations [(UA vs. SBP: $r=0.835$, $P<0.001$) and (UA vs. DBP: $r=0.516$, $P<0.001$)]. However, You know that the bivariate analysis does not definitely tell about whether a given relationship is dependent on each other, <i>i.e.</i> other factors might act in their relationship. In other words, the relationship between two variables might be either dependent or independent (from other measured or yet-unmeasured variables). This led us to analyse our data with multiple correlation analysis. The individual correlation (UA vs. age/BW/BMI/SBP/ DBP/TC/TG/LDL-C/HDL-C/TG:HDL-C ratios/LDL-C:HDL-C ratios/Na/K/Cl/Zn), which was found to be significant by bivariate analysis, was insignificant in multiple correlation analysis. In our case, multiple correlation analysis revealed that the relationship between UA vs. LDL-C was only significant. This means that the relationship between UA vs. LDL-C is independent from the 'confounding effects' of other factors (such as age, body weight, BMI, SBP, DBP, TC, TG, HDL-C, TG/HDL-C, LDL-C/HDL-C, NA, K, Cl and Zn) measured in the present investigation. Thus we consider that the relationship of UA with other cardiovascular risk factors is very complex than it is anticipated. This might be the reason for why no unique correlation between UA and CVDs has yet been established.
Pag 6 line 183 "the subjects with or without drugs were hypertensive" the meaning is not clear, as this is a criteria for enrolment	Thank you. We have deleted the part in the sentence
Did UA remain as independent parameters when multivariate analysis with hypertension as dependent factors was done??	Did it mean that UA remain as independent parameters when multivariate analysis with SBP and/or DBP (hypertension) as dependent factors was done? If hypertension (then one must select either SBP or DBP) is considered as a dependent variable and UA as independent variable, ultimately the analysis would be a bivariate analysis. It has already been presented in the Table 3.