



SDI Review Form 1.6

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 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:

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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>
<u>Compulsory</u> REVISION comments	<p>**The major weakness of the present study is actually the study groups which were not managed well.</p> <p>①There were "hypertensive subjects" who took BP and lipid-lowering medications, and cardiovascular subjects" without taking those medications. There certainly are patients with cardiovascular diseases without high BP and lipid disorder. However, this is unusual. Are those "cardiovascular subjects" patients with cardiovascular diseases?, because it was not shown in the text. Please clearly characterize the studied subjects, including the diseases and the medications, etc.</p> <p>②In the abstract, "hypertensive subjects" and "cardiovascular subjects" are two group, but in the Research design and Methods, two groups were "cardiovascular subjects". Which one is correct?</p> <p>③Several important parameters were missing in the tables. One is renal function that authors has mentioned. The other one is cigarette smoking acknowledged to be an critical cardiovascular risk factors, probably more important than uric acid level. Results from analysis excluding critical factors would be basically not reliable.</p> <p>④UA and TC levels among groups are too different from our common medical practice. The TC/LDL/HDL level in WOD group is especially weird and different from the other two groups. Was the LDL level measured, or calculated? The calculated LDL level would be seriously disturbed by</p>	



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	<p>high VLDL level, reflected by high TG.</p> <p>⑤ Also noted is the zinc level. The difference between control and disease groups is five-fold (with small numbers of SEM), and this makes the study groups very specific, but not representative. Please explain how they were distributed.</p> <p>⑥ BMI and BW. All three groups had almost the same BW, but the control group had much lower BMI--that means they are taller, 1.75 m versus 1.53 m. I imagine that the appropriate control group should be easy to find.</p>	
<u>Minor</u> REVISION comments	<p>1. Authors spent large volume of text in explaining the clinical implication of their finding, However, a cross-sectional study can only provide limited information, even in well-demarcated study groups. Authors might consider to revise and shorten the discussion, and try not to confuse the reader by writing "With our experimental data limit, we are not sure as why serum uric acid was independently correlated with LDL-C only."</p> <p>2. In the Discussion, authors stated that patients with higher zinc level had higher CV risk factors. However, the role of zinc in cardiovascular diseases is not characterized yet. Authors also wrote "Therefore, zinc can slow down the progression of atherosclerosis [39, 40]." These two references are cell and animal studies. Authors should refrain from excessive extrapolation.</p>	
<u>Optional/General</u> comments		

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