



**SDI Review Form 1.6**

Journal Name:	<a href="#">International Blood Research &amp; Reviews</a>
Manuscript Number:	Ms_IBRR_32269
Title of the Manuscript:	Epidemiological, Clinical and Preventive Aspects of Hypertension at Diabetic Patients in Butembo, Democratic Republic of the Congo
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)
<b><u>Compulsory</u></b> REVISION comments	<p>Thank you for the opportunity to review this manuscript for IBPRR.</p> <p><b>GENERAL COMMENTS</b></p> <ol style="list-style-type: none"> <li>1. Was this a survey or a study? The two words are different in operational research</li> <li>2. The title of the manuscript is different from the content of the manuscript</li> <li>3. Grammatical errors are overwhelming and highly disturbing</li> <li>4. The study is riddled with gross methodological and technical errors. Type 2 error is overwhelming.</li> <li>5. The journal recommended format of manuscript writing is not observed.</li> </ol> <p><b>SPECIFIC COMMENTS</b></p> <p><b>ABSTRACT SECTION</b></p> <ol style="list-style-type: none"> <li>1. <b>Aim of the study is different from the title of the study.</b> It is not clear whether the study was on clinic-epidemiology-prevention of hypertension among diabetes or outcome of hypertension among the diabetics.?????????Read the title 'Epidemiological, Clinical and Preventive Aspects of Hypertension at Diabetic Patients in Butembo, Democratic Republic of the Congo' Read the aim: This survey aimed to determine factors incriminated in the <b>outcome of the HTA</b> among diabetic patients attending the diabetics follow up</li> </ol>	



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	<p>center of Matanda hospital.</p> <p>2. <b>Methods section is</b> poor and not inclusively descriptive of the study design, study population, setting, sampling, methods etc</p> <p>3. <b>Result section is</b> not clear because the objectives were not stated in a declarative format. It is not clear what the authors meant by global frequency of hypertension which was 63.1%??????. This value is different from 58% in figure 1(See the pie chart)?????</p> <p>4. <b>Conclusion</b> is rhetorical and inappropriate</p> <p><b>INTRODUCTION SECTION</b></p> <p>1. Grammatical errors are pronounced</p> <p>2. There is poverty of literature on the epidemiological, clinical and preventive aspects of hypertension in diabetes. The variables of the research were not described</p> <p><b>MATERIALS AND METHODS SECTION</b></p> <p>1. There are gross methodological errors</p> <p>2. <b>Sample size determination:</b> Not stated. Authors saw 300 diabetic patients and arbitrary decided to study 160 of them!!!!!!!!. Read this.....This center has 300 regular diabetic patients.....</p> <p>Read this also.....Were included in this survey all known diabetic patients followed at the diabetics follow up center.....</p> <p>3 <b>Sampling method:</b> Not stated. Authors didn't state how 160 diabetic patients were chosen from 300 patients</p> <p>3. Was the study on type 1 or type 2 diabetes or both. Read this...All pregnant women with DM, patients less than 18 years and those who did not consent were excluded.....See also table 3</p>	
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	<p>4. Operational definition of diabetes or glycaemic control is ambiguous. Read this.....The diagnosis of the DM was kept when the dosage of the glycaemia revealed glycaemia on an empty stomach superior to 1.26 g/L, either 7mmol/L; or a glycaemia at any moment of the day superior to 2 g/L, either 11.1mmol/L; or a glycaemia at the second hour of the HGPO superior or equal to 36 2 g/L, and this on two occasions at the minimum [1]</p> <p>5. Operational definition of hypertension in diabetes is not clear and this can lead to misclassification. Read this.....The HTA has been defined according to the norms of the High Authority of Health (HAH) identical to the one of the WHO: among all subjects, the optimal arterial pressure is fixed in 120/80 millimeter of mercury (mmHg) and the HTA is defined for numbers passing 140/90 mmHg [3].</p> <p>6. Data analyses section: inadequate</p> <p><b>7. RESULTS SECTION</b></p> <p>Not acceptable because of gross methodological errors</p> <p>Table 3 is ambiguous. How this was assessed is not clear for example read this.....<b>Diabetic diet respect?????????</b></p> <p><b>DISCUSSION SECTOIN</b></p> <p>1. Discussion: Inappropriate because of methodological errors. Ecological fallacies were overwhelming.</p> <p>2. Conclusion: Inappropriate because of methodological errors.</p> <p>3. Recommendations: Inappropriate because of methodological errors.</p>	
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	<p><b>REFEREENCES</b></p> <p>1. <u>Inadequate for the study</u></p> <p><b><u>RECOMMENDATIONS</u></b></p> <p><b><u>There were GROSS METHODOLOGICAL AND TECHNICAL ERRORS.</u></b></p>	
<b>Minor</b> REVISION comments		
<b>Optional/General</b> comments		

**Reviewer Details:**

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