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Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_27006
Title of the Manuscript:	ARE SNORERS AT RISK OF HIGH BLOOD PRESSURE?
Type of the Article	Original Research Article

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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.

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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	1. The major concern is the validity of the conclusion that "The prevalence of hypertension was high among adult snorers in the rural community". There were totally 51 subjects with hypertension of whom 52.9% (n = 27) and 47.1% (n = 24) were snorers and non-snorers, respectively. Although no statistical results from Chi-square or other appropriate statistical methods were given, it seems that the sizes of the two populations are too close (i.e., 27 vs. 24) to validate the conclusion. 2. The second issue is the correlation between hypertension and neck circumference and that between hypertension and Mallampati scores. Not only is neck circumference not a predictor of snoring, the Mallampati score is also not an indicator of snoring as subjects with high scores may not snore and vice versa. This is due to the fact that snoring is the result of not only unfavourable oropharyngeal anatomy, but also weakened neuromuscular control. In addition, the lack of evidence of the impact of snoring on hypertension is further highlighted by the result of the present study showing that Mallampati score was significantly associated with hypertension in both snorers and non-snorers. In this way, the results showed that it was oropharyngeal crowdedness, rather than the	The conclusion has been changed to ; There is hypertension among apparently healthy adult snorers in Nigeria, and the risk factors for the hypertension included increased age, increased neck circumference and high Mallampati. Suggested literatures has been added to the introduction : the neck circumference, tonsil size and Mallampati score has been used as indicator of oropharyngeal crowdedness in the manuscript



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	presence of snoring, that was linked to hypertension. Therefore, the findings (i.e., associations of hypertension with neck circumference and Mallampati scores) of the present study did not help in answering the question “Are snorers at risk of high blood pressure?” (i.e., the title of the study). To reinforce the authors’ argument, it is suggested that literature linking snoring to neck circumference and Mallampati score should be added to the Introduction section to justify their conclusion. 3. Although patients with obstructive sleep apnea (OSA) are likely to have habitual snoring, the reverse is not true because there are quite a number of snorers who do not have OSA. This is why snorers usually visit the sleep lab to check whether they have OSA that probably requires CPAP treatment. The adverse impact of OSA on the development of hypertension is well-documented. Therefore, the link between snoring and hypertension is OSA which, however, was not addressed with data in the present study. The really interesting point of the present study is the comparison of the prevalence of hypertension between snoring patients with OSA and snorers without OSA so that the association between snoring and hypertension can be assessed after excluding the confounding effect of OSA. If further data on OSA are not available in the present study, it is important to clarify this point in the limitation section to avoid scientific criticism.	This has been added as part of the limitations because the participants did not have sleep study to determine occurrence of obstructive sleep apnea
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	4. Another confounder in data interpretation is the age of the hypertensive patients (Table 1). The snorers are significantly older than the non-snorers so that the suspicion arises whether it was the age, rather than snoring per se, that contributed to the slightly elevated incidence of hypertension in snorers (27/51) compared to that in non-snorers (24/51). It is suggested that, through narrowing the age range of the participants and documenting the range in the inclusion criteria, the oldest snorer and/or the youngest non-snorers can be excluded to get rid of the confounder of age. Ethical issues: It is suggested that gathering of human information (i.e., anthropometric measurements and questionnaire information) requires documentation of review process by the Institutional Review Board including whether the study protocol was approved or an exemption was granted.	Hypertension was associated with Age and not snoring after excluding the confounder of age The issue on ethics was stated in Study Design: Ethical approval was obtained for the conduct of the study from Oyo-State Ministry of Health ethical review board.
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<u>Minor</u> REVISION comments	It is easily noticeable that the word “snoring” does not appear in the conclusion section of the manuscript because it seems that the results of the present study did not actually find significant association between snoring and hypertension. Therefore, the issue “Are snorers at risk of high blood pressure” remains inconclusive because the snorers were highly significantly older than the non-snorers and the two parameters associated with hypertension found in this study were not directly linked to snoring. It is suggested that whole manuscript, including the title, may be modified accordingly to reflect the major finding(s) of the present study.	The manuscript and title has been modified
<u>Optional/General</u> comments		