



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_32392
Title of the Manuscript:	PREVALENCE AND ATHEROGENIC INDEX OF PLASMA AS A PREDICTOR OF CARDIOMETABOLIC SYNDROME AMONGST ROAD TRANSPORT WORKERS
Type of the 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.

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(<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)
Compulsory REVISION comments	1. Abstract should be rewritten as suggested in the manuscript. 2. A few corrections have been suggested in the introduction section. 3. Methods section a lot of irrelevant sections were identified and have been suggested for removal or rephrasing. Study area, study site. The calculation of BMI as stated in the method section was wrong and needs to be checked 4. The main parameter which the manuscript sort to base the argument on AIP was not defined. And this makes the understanding of the authors point of view obscured. 5. Most of the methodical approaches that define the PCA and regression model was rather found in the results and not in the methods. On the PCA author need to come clear on their method and criteria used for factor extraction, either based on eigenvalues, the scree plot or a parallel PCA analysis. 6. The result section need a major review. There is double data presentation as the same data is presented as table 1 and figure 1. One must be removed 7. Whichever that is maintained, the section on 65 and above year should be removed. If none of your respondent fall in that age category it should not be found in your analysis just because you included it in your questionnaire. 8. Table 2, presents variables in parametric statistics, however authors fail to indicate the testing of normality of the data. As is evident with a large standard deviation of glucose, I	1) Suggested correction effected 2) Suggested correction effected 3) The calculation of BMI has been checked and corrected. Also, the identified irrelevant sections have been deleted as suggested 4) AIP has been defined by the author as suggested. 5) Suggested correction effected. Factor extraction criteria was based on eigenvalues (see Sub-sub section 3.2.2) 6) The result section has been reviewed as suggested and Figure 1 deleted. 7) Suggested correction effected. 8) The test of normality has been indicated. (see Sub-sub section 3.1.2 and Appendix A3). 9) Suggested correction effected see Sub-sub section 3.1.2 and Appendix A2 for the application of KMO test). 10) Notations for the variables have been appropriately explained and defined (see Table 3). 11) In result documentation it is more appropriate to indicate the analysis leading to table generation, plotting of figures, flow charts etc. It is inappropriate to dump a Table or Figure in the result section without informing the reader the origin and method applied to generate that Table or Figure. But what the figure and the Table add up to is presented in the discussion. Thus, we have reviewed the Result write up based on the foregoing principle.



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	suspect that data maybe skewed. 9. PCA: author present the factorial structure as individual variables. Thus 8 variables were included in the PCA analysis and 8 individual standalone factors were extracted. Normally in dimension reduction analysis like PCA you have variables coming together to form explainable factors accounting for the variance. The KMO and Bartlett's test of sphericity were not reported. 10. The presentation employ notation without predefinition e.g. x, D etc. 11. The result write up was poorly done. Instead of presenting the result outcome the method used was rather presented. 12. Discussion: the first two sections of the discussion are rather the results and should be moved to the results section. 13. The other part of the discussion needs to be relooked at. The major confusion is the fact that AIP seem to be ambiguous, at some point it is equated to BMI, or WC or Lipid. This needs to be defined clear so that the comparison been made could well understood. 14. Some of the conclusive statements are misleading and needs to be looked at. 15. The recommendation should be based on the findings of this work and not areas that this work did not explore e.g. nutrition exercise etc. Note Specific suggested corrections have been highlight on the manuscript.	12) The Result and Discussion section usually run in parallel. Every Table or Figure in results must be discussed in the Discussion section. The revised version takes care of what is most appropriate in the Discussion section 13) AIP has been defined and assigned as a dependent variable for the purpose of relating it to other cardiometabolic parameters such as WC, BMI, etc and this is clearly explained in the revised version. 14) Conclusion has been revised based on the result of the study. 15) The Recommendation is restricted to the outcome of the study. The issue of nutrition exercise has been deleted..
Minor REVISION comments		
Optional/General comments		