



SDI Review Form 1.6

Journal Name:	Journal of Advances in Medical and Pharmaceutical Sciences
Manuscript Number:	Ms_JAMPS_42186
Title of the Manuscript:	Assessment of Association between Anthropometry and Dental Caries among Young Adult Nigerians: A Case Control Study
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 (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. I suggest the title should be changed to “Assessment of Association between Anthropometry and Dental Caries among Nigerian Young Adults: A Case Control Study” 2. It is not clear how the BMI values were interpreted. However, if we assumed that the WHO criteria discussed in the introduction section was used, then the results shown in Table 2 are inaccurate. The BMI ranges for the case and control groups are 18.74-26.42 and 19.01-25.69 kg/m² respectively (deduced from table 1). The values reported for both groups are therefore < 30 kg/m² and so none of the participants in both group should have been categorized as obese. Table 2 is incorrect because it states that 2 study participants (4.36%) in both groups were obese 3. It is not clear if there is any relationship between the BMI values and caries activity. It was stated in the text that the DMFT range of 1-5 was recorded among the cases but it is impossible to tell the proportion of the cases with the lowest or highest DMFT value. Did participants with DMFT of 5 have a higher BMI than participants with DMFT of 1? Also, the DMFT index is cumulative. It is important to know which component contributed to the overall estimate. Were there more carious lesions, filled teeth or missing teeth? Were all the missing teeth lost as a result of complications of caries? 4. Surprisingly, the pattern of caries activity that was not mentioned in the result section was discussed (line 155-158). Were did the percentages quoted come from? 5. There is a need to define what was considered high and low diet in the methodology. 6. There is no result to back up the claim in the discussion (line 144-147). The 84.76% with normal BMI were caries free (Table 2). So, how can you then report that this proportion had more carious lesion? 8. The relationship between BSA/ other anthropometric estimate and caries activity was not reported or discussed. This should be done to justify the title of this study. 7. It was stated in the methodology that correlation between variables will be done, No correlation result was provided. 8. A regression statistics will be more appropriate and is recommended. This will determine if BMI or any of the other predisposing factors of caries is predictive of the occurrence of dental caries. 9. Your conclusion CANNOT be made from the available results.	1. The title had been adjusted as suggested 2. The value reported was mean $\pm$ 1SD. This implied that only 68% of the data will be captured. Even when the reported figure is mean $\pm$ 2SD, only 95% of the data will be captured. Hence, the interpretation that Table 2 was incongruent with Table 1 was incorrect. The data was correct as presented. 3. The BMI was related with the total score of DMFT which is the index assessed. Assessing the components of DMFT was not covered by the study. No traumatic teeth loss recorded. 4. Lines 155-158 had been deleted from the discussion 5. The diet mentioned were classified as high caries/cariogenic diet (high in refined sugar) and low caries/non-cariogenic diet (low in refined sugar). This had been modified. 6. Lines 144-147 had been deleted. 7. The relationship between BSA/Anthropometric estimate and caries was explored briefly because it was not significant. Significant occurred only in BMI classification and emphasis was placed on this. 8. This is a case control study and had been analysed in that direction with the relationships established. We feel regression analysis for comparative study though not out of place make remove the focus of the study. The ambiguity in the data analysis and interpretation had been corrected as also pointed out by other reviewer. 9. The conclusion was consistent with the results having corrected the areas of ambiguity in (8) as pointed out by the other two reviewers. *We thank the reviewer for the good job done.*
Minor REVISION comments	The discussion should be re-written. The revised result should be compared with other similar studies. A more robust review of the literature will identify similar Nigerian studies.	
Optional/General comments		