



SDI FINAL EVALUATION FORM 1.1

PART 1:

Journal Name:	Journal of Advances in Medical and Pharmaceutical Sciences
Manuscript Number:	Ms_JAMPS_40957
Title of the Manuscript:	Prevalence of Renal dysfunction and its relationship with CD4 and TNF alpha of HIV patients on Anti-retroviral Therapy in Port Harcourt.
Type of Article:	Original Research Article

PART 2:

FINAL EVALUATOR'S comments on revised paper (if any)	Authors' response to final evaluator's comments
I say again that the present study addresses an interesting topic, however the writing is precarious, often confusing and the description of the method is practically absent. Here is the breakdown, now by section and paragraph on required changes: Rewrite the title to "Prevalence of renal dysfunction and its relationship to CD4 count and TNF-alpha in HIV-positive individuals on antiretroviral therapy". Abstract: Modify the method section as suggested below. Introduction: review English writing, the text is confusing at times, request revision of the text to some English-speaking native. Method: modify as below 2. Materials and methods 2.1 Study design and area A cross-sectional study was conducted on a population of HIV-positive individuals on antiretroviral therapy for at least 6 months. The patients were randomly selected from a cluster of those attending the Outpatient Clinic of the University of Port Harcourt (UPH) between June and August 2016. The UPH Outpatient Clinic is a regional referral center located in Port Harcourt , capital of the Rivers State in the South-South region of Nigeria. 2.2 Study population Patients were enrolled if they met the following criteria: ≥18 years of age; HIV-positive individuals on antiretroviral therapy for at least 6 months; Any other??. Key exclusion criteria included ????? The study was conducted in accordance with the ethical principles of the Declaration of Helsinki, and the protocol was approved by the institutional review board (UPH Teaching Hospital Ethical Board number UPTH/ADM/90/SII/VOLX/523 and UPH Ethical Committee number UPH/R&D/REC/04) before study initiation. 2.3 Data collection A questionnaire was used to collect age gender and other characteristics from participants. Please provide more information on this section. 2.4 Biochemical determinations Fasting venous blood was sampled for measurements of CD4 count using a Partec CyFlow Counter (Partec GmbH, Görlitz, Germany), and plasma creatinine and tumor necrosis factor alpha (TNF-alpha). The estimated glomerular filtration rate (eGFR) was estimated using the Modification of Diet in Renal Disease study equation. [18] The definition of Chronic kidney disease (CKD) included all individuals with markers of kidney damage or those with an eGFR of less than 60 mL/min/1.73m² on at least 2 occasions 90 days apart (with or without markers of kidney damage). CKD was classified based on the eGFR as Stage 1 with normal or high GFR (GFR > 90 mL/min); Stage 2 Mild CKD (GFR = 60-89 mL/min); Stage 3A Moderate CKD (GFR = 45-59 mL/min); Stage 3B Moderate CKD (GFR = 30-44 mL/min); Stage 4 Severe CKD (GFR = 15-29 mL/min); and Stage 5 End Stage CKD (GFR <15 mL/min). Furthermore, immunological status of participants was classified based on World Health Organization. [19]. Interim WHO clinical staging of HIV, CD4 levels in relation to the severity of immunosuppression Not significant immunosuppression >500/mm³ Mild immunosuppression 350	



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–499/mm3 Advanced immunosuppression 200–349/mm3 Severe immunosuppression.

2.3 Data analysis and interpretation

Please provide adequate description of statistical analysis

Results:

Please do not copy statistical software output, you should construct tables based on statistical relevance.

Request revision of this text to some English-speaking native.

Other sections are ok.

Reviewer Details:

Name:	<i>Henrique Pott Junior</i>
Department, University & Country	<i>Federal University of São Paulo, Brazil</i>