



SDI Review Form 1.6

PART 1:

Journal Name:	British Journal of Medicine and Medical Research
Manuscript Number:	MS: 2012 BJMMR 2685
Title of the Manuscript:	Knowledge of hypertension and other risk factors for heart disease among Yoruba Rural Southwestern Nigerian Population

General guideline for Peer Review process is available in this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)

- This form has total 9 parts. Kindly note that you should use all the parts of this review form.



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PART 2: 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)
<u>Compulsory</u> REVISION comments	<ol style="list-style-type: none"> Several cardiometabolic factors and conditions are difficult to translate (and back-translate) in African languages. How did the investigators handle terms such as ischaemic heart disease, kidney failure and cholesterol? How was one 'helping of fruits and vegetables' explained to respondents? Is there a local name for stroke? The paper does not present any particular difficulties in communicating to 2000 respondents, 92% of who have no or only primary education. Please clearly define hypertension, good level of knowledge in the text under Methods. In their earlier paper (Oladapo et al 2010), hypertension is defined as $BP \geq 140/90$ mmHg but in Table 2 line 379, knowledge of $BP > 140/90$ mmHg is used Although 324 (16%) respondents correctly identified hypertension as a risk factor for CVD, only 28 (1.4%) actually knew what blood pressure levels constituted hypertension. Please clarify. The level of multiple responses on the knowledge of modifiable risk factors in table 2 seems low. I suggest the authors present a table on the number of respondents who knew no risk factor, one risk factor, two risk factors and more than 2 risk factors. Please clarify if the reference period for all the 	<ol style="list-style-type: none"> Some of the conditions such as hypertension, diabetes, kidney failure, and stroke have local terminologies. Where absent, we used lengthy descriptions to convey the meaning and sometimes relied on a third party where necessary. Equivalents of an orange or a banana was used to describe helpings of fruits and vegetables. The population studied was chosen based on the fact that some other unrelated studies have been conducted there before. Thus, the people were receptive to this type of assessment method. Hypertension was defined as blood pressure $\geq 140/90$ mmHg or on treatment for hypertension. Corrected This may be due to the fact that the absolute values were not disclosed to them most of the time when their blood pressure is measured. They were only told that it was normal or high. We discovered that this practice did not encourage treatment to target. We do not wish to add this table. The time frame of 1 year was used to ensure that we were obtaining valid information from the respondents.



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	<p>variables in Table 3 is one year</p> <ol style="list-style-type: none"> 8. It is remarkable that 1949 (97.4%) respondents had never had a urine or blood sample tested for sugar (line 408). About 60% of respondents had never had a BP check before the study (line 232). Many West African countries have high antenatal coverage and would routinely measure the blood pressure and test the urine of pregnant women for sugar and other chemicals using a dip stick. Are these services not available to the women of Egbeda? 9. In Table 1, respondents are stratified into three BP groups. However, column percentages are not used nor comparisons made between the groups with a statistical test. The total values should be presented in a separate column as done in Table 3. Also present column percentages in table 4. 10. In table 3, drop the rows with zero values in lines 403-405 11. Present the absolute values for the variables in table 5 so that readers can make a better judgement of the confidence intervals. Please revise the interpretation of the predictors in lines 171 – 174. Comment on which values are statistically significant. Once again, the dichotomized definition of good and non-good knowledge should be defined. The type of regression model used should be presented in the Methods. 12. What was the high response rate (line 236)? Were there any refusals? Provide further information on non-participants. 	<ol style="list-style-type: none"> 8. Thank you for this observation. It was an error on our part which has been cross-checked and corrected. 9. Table 1 is our raw socio-demographic data which we would rather leave as it is. 10. The rows have been deleted 11. The information that we want to convey is clear enough in the table. 12. The participants were conversant with community based studies which helped a great deal.
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	<p>13. Even with free health care (line 161), only 19% of known hypertensives were on BP medications. The importance of this is hardly discussed. How can the situation be improved? Could long-term supplies (e.g. 3 months) of medication be provided to hypertensives at primary care facilities?</p> <p>14. With the exception of reference 9, the references are of publications from 1997 to 2005. Newer references are available.</p> <p>15. Some unnecessary repetition of detailed findings in discussion (lines 193-195)</p>	<p>13. The free health care available to the community appeared to be geared towards symptom-led treatment especially of communicable diseases. Not much was being offered in the area of NCDs by the health care providers.</p> <p>14. New relevant references have been added</p> <p>15. Corrected</p>
<u>Minor</u> REVISION comments	<p>1. Reduce length of abstracts for example reducing some of the detailed results reported.</p> <p>2. The assertion that respondents had a 'a lot of misconceptions' (line 57) seems exaggerated.</p> <p>3. Explain OL (line 339)</p> <p>4. Which proportion is being referred to in line 219?</p> <p>5. Revise the grammar in lines 119, 202-203; 235 (assess not access)</p> <p>6. Incomplete sentences: Lines 98-100; 119</p> <p>7. Typos – line 261 00 instead of OO</p> <p>8. Reference 9 (line 195-196) refers to the <i>same</i> study in a previous publication and is not a <i>previous</i> study</p>	<p>1. The length of the abstract has been reduced.</p> <p>2. Changed to: some misconceptions.</p> <p>3. Opinion Leaders (OL)</p> <p>4. ,,,,,</p> <p>5. Corrected</p> <p>6. Corrected</p> <p>7. Corrected</p> <p>8. Corrected</p>
<u>Optional/General</u> comments	Informed consent needed for interviews, physical (and chemical) measurements. Ethical approval granted	These were all obtained as stated in the methods