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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)*
Compulsory REVISION comments	1. 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? 2. The paper does not present any particular difficulties in communicating to 2000 respondents, 92% of who have no or only primary education. 3. Please clearly define hypertension, good level of knowledge in the text under Methods. 4. In their earlier paper (Oladapo et al 2010), hypertension is defined as BP ≥140/90 mmHg but in Table 2 line 379, knowledge of BP>140/90 mmHg is used 5. 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. 6. 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. 7. Please clarify if the reference period for all the variables in Table 3 is one year 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. 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? 14. With the exception of reference 9, the references are of publications from 1997 to 2005. Newer references are available. 15. Some unnecessary repetition of detailed findings in discussion (lines 193-195)	

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Minor REVISION comments	1. Reduce length of abstracts for example reducing some of the detailed results reported. 2. The assertion that respondents had a 'a lot of misconceptions' (line 57) seems exaggerated. 3. Explain OL (line 339) 4. Which proportion is being referred to in line 219? 5. Revise the grammar in lines 119, 202-203; 235 (assess not access) 6. Incomplete sentences: Lines 98-100; 119 7. Typos – line 261 00 instead of OO 8. Reference 9 (line 195-196) refers to the *same* study in a previous publication and is not a *previous* study	
Optional/General comments		

Reviewer Details:

Name:	**William K Bosu**
Department, University & Country	**Department of Epidemics and Disease Control, West African Health Organization, Ghana**