



SDI Review Form 1.6

PART 1:

Journal Name:	<u>International Journal of TROPICAL DISEASE & Health</u>
Manuscript Number:	2013 IJTDH 4183
Title of the Manuscript:	IS THERE ANY ASSOCIATION BETWEEN SERUM LIPIDS AND DIABETIC RETINOPATHY IN TYPE 2 DIABETIC PATIENTS IN GHANA?
Type of the Article	Research Paper

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 7 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	<u>Abstract:</u> Results: After adjusting for age and duration of diabetes, only TC (odds ratio [OR] 4.00 [95% CI 1.12-14.25], $P = .032$) maintained a significant association with DR. However, after adjusting for fasting blood glucose (FBG), the association of TC with DR lost its significance ($P = .37$). This is a circular argument. What is the reason for including FBS in the model, which includes diabetic subjects? Accordingly, the author's can conclude saying "This study suggests that there is significant association between serum TC with DR in Ghanaians patients with Type 2 diabetes mellitus. <u>2.Materials & Methods</u> 2.1. Patients ocular assessment included tonometry. However, there is no mention about eye pressure in the results section. 2.3. The author's have outlined the assessment of retinopathy, there is no mention about diabetic macular edema (DME) in the article. As several studies have	The three variables adjusted for (age, duration of diabetes and FBG) are established traditional risk factors for diabetic retinopathy that can interfere with serum lipid levels. Gender and BMI were comparable in patients with and without DR in our preliminary analysis hence were not adjusted for. A consistent association of poor glycemic control with diabetic retinopathy has been described in a previous study.¹⁹ FBG therefore is an important confounding variable in the assessment of our data which needed to be controlled to avoid/exclude interference with the results. Other related studies have done same⁷⁻¹¹ Tonometry result was used as a criterion for exclusion. Patients who had high IOPs and could not tell the medications they were using were suspected to be on beta blockers and were excluded from the study



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	shown DME to be associated with lipids. Was DME assessed? If so, then it is worth including in this article. <u>3.Results & discussion</u> Suggest including a table on DME and lipid parameters or can include in the existing tables. Suggest to remove the model including 'Adjusted for age, duration & FBS' in Table 6 <u>4. Conclusion</u> Suggest authors to modify the statement "This study has demonstrated that serum lipids and lipoproteins may not be associated with DR in 259 Ghanaian diabetics" to "This study has demonstrated that serum cholesterol is associated with DR even after adjusting for age and duration of diabetes in this Ghanaian diabetic patients".	DME was not assessed. Our retinopathy assessment was limited to proliferative and non-proliferative due to small numbers of proliferative retinopathy patients. The study recommended that further studies should include patients with diabetic maculopathy (Discussion section; Line 211) Reasons have been explained in Authors comment in response to queries in Abstract section
<u>Minor</u> REVISION comments	1. Please use the term "diabetic individuals/patients" as the term 'diabetics' is not accepted internationally. 2. References can be included for diagnosis of diabetes, obesity and hypertension in the methods section.	Noted. Thank you. I agree with you. Thank you
<u>Optional/General</u> comments		The manuscript has been corrected to accommodate these comments.