



SDI FINAL EVALUATION FORM 1.1

PART 1:

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2013_IJTDH_5864
Title of the Manuscript:	Increased High Density Lipoprotein Cholesterol and Total Cholesterol Levels in Traders with Metabolic Syndrome in an Apparently Healthy Nigerian Population

PART 2:

FINAL EVALUATOR'S comments on revised paper (if any)	Authors' response to final evaluator's comments
Introduction: Most part of the introduction is not related to the objectives of the study. The introduction mostly focused on pathophysiology of MS, but it shall emphasis the data gaps of the previous studies that this study will address them Method: Small sample size and high percentage of women in the study is the main limitation of the study which limits representativeness of the study. Sampling frame and complexity of the sampling techniques are missing. Statistical part needs revision. "Analysis of variance (ANOVA), Post Hoc and Student's t test were used for comparison of quantitative variables. Pearson's correlation co-efficient was used to find relationship two quantitative variables. Two-tailed independent t-test of significance at 95% confidence limit with $P < .05$ was considered significant for the variables." There are grammatical and mathematical problems in these phrases. Results: Because of the variety of MS in age and Sex of study population, table 1 is misleading, besides wide range of the study population and gender differentiation in sample. So data shall be depicted stratified based on age and gender. Limitation of age range may help the variation and better outcome. E.g. 25-65 years old sample. Table 2 has duplicated data of own on 1st six rows. These associations may have less importance in this study and has been revealed previously, so only important and different associations according to the previous studies shall be reported in text. Authors mixed up results and discussion parts and this is confusing. It seems it is better to report these two parts differently. Table 3 and table 4 have no clinically applicable data; it seems the data analysis shall perform based on the categorized risk factors with reporting Percentages of presence of each risk factor besides ORs. The suggestion is Factor analysis of risk factors of MS or MSCs. In Table 5 also data is quantitative and according to the clinical cut offs for each factor, percentages of risk factor presence will be more appropriate for report. Tables 6 and 7 have the problems of Table 1. Table 8 and 9 shall be merged in one table according to gender and age stratification. For supporting the conclusion about WHR in prediction of MS, there shall be special analysis specially ROC analysis.	

Note: Anonymous Reviewer