Author's response to reviews

Title: Elevated arterial blood pressure and body mass index among Nigerian preschool children population.

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Author's response to reviews: see over
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Editor-in-Chief,
BMC Pediatrics

Dear Sir,

MANUSCRIPT CORRECTION: RESPONSES TO REVIEWER’S COMMENTS

The Authors are grateful to you, all the members of the Editorial Board and the Reviewers for giving us the opportunity to make corrections on our manuscript titled:

Elevated arterial blood pressure and body mass index among Nigerian preschool children population

Please find below point-by-point corrections made, based on the Reviewer’s comments:

Reviewer’s report: I
Date: 30 November 2013
Reviewer: Chandrakanta Kumar

Reviewer’s report:
Major Compulsory Revisions
1. Since main objective of the study was to find out the prevalence of prehypertension and hypertension excluding children with renal symptoms will not provide a true prevalence of the disease at community level because renal problems contribute to a large proportion of children with hypertension.

Authors Response

Thanks for that comments. However we could excluded children with renal symptoms because we are only looking at Elevated arterial blood pressure and body mass index among Nigerian preschool children population who have no morbidity what so ever(relative healthy children). That is to say we only considered only normal children who had no medical problems.

Reviewer’s report: 2. Authors have concluded that there is no correlation between urine analysis
and hypertension on the other hand they excluded all children with possible abnormal urine analysis.

**Authors Response**
The study excluded children with known medical history of renal disorder. We concluded that there is no correlation between the urine analysis abnormal findings and elevated blood pressure.

**Reviewer's report:**
3. Most of the studied children were of low BMI and only a small percentage had hypertension. It is not possible to comment that low BMI is really associated with hypertension unless a comparison is done with a high BMI group of sufficient size. Also prevalence of hypertension in this study is not so high in comparison to studies done in different populations with normal or high BMIs. In BMI table also P value was not significant (0.68). (Authors concluded as significant correlation between EBP and low BMI)

**Authors Response**
We have humbly withdrawn that statement

**Reviewer's report:**
Minor Essential Revisions
1. In results age range should be provided. How is this possible that all children with EBP were of 5 years age( Mean age/ range will be better).

**Authors Response**
It would be difficult to provide age ranges here, since the maximum age is 5 years.

**Reviewer's report:**
2. Quality of written English is not good.

**Authors Response**
We have tried our best to rewrite the article in good English

**Reviewer's report II**
**Reviewer:** Kotsedi Daniel Monyeki

**Reviewer's report:**
None

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**
None
**Authors' Response**

None

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**Associate Editor comments:**

I have gone through the manuscript. None of the reviewers have assessed statistical aspects.

I have some comments on this.

(i) Use of sampling methods. The authors are using multi-stage as well as systematic sampling. These are two different kinds of sampling. It is not clear that how are they mixing the two sampling methods together.

(ii) Statistical section is not clear. They are using chi-square test for testing parameters of distribution, of continuous variables (such as BMI etc.). This is incorrect. Chi-square test is meant for testing parameters of distribution of categorical variable.

(iii) In the analysis of multi-stage sampling data, they have to take into account design effect (intra-dependence of the data in the same cluster such as school) and adjust for it.

**Authors Response**

A total size of 630 pupils was selected for the purpose of this study. The Stratified method of sampling was employed to get a sample that represents the population. The three local government areas (enugu north, enugu east and enugu south) were used as the strata. In each stratum (local Government Area) four nursery schools were selected randomly from a constructed sampling frame of 75 Nursery schools.

In each of the nursery schools, a sample size of 50-60 pupils were selected randomly based on population of the school and given the proforma with universal sample bottle. Thus, the numbers of proforma given were dependent on the population of the school.

Selection of schools was done based on the cooperation and readiness of the management to participate in the research.

In the data analysis, chi-square was used; all the variables were re-grouped into different categories (e.g. BMI was regrouped as Under Weight, Healthy Weight, Over-
Weight and Obese) also, age has its categories as age two, age three, age four and five. Sex was grouped as Male and female, other categorical variables include family history of blood pressure and family history of renal diseases grouped as YES for those with history of renal diseases and high blood pressure in their family, and NO for those who have no history of renal diseases and high blood pressure in their family.

Once again, the Authors thank you, the Editorial Team and the Reviewers most sincerely for your critical review and suggestions which have improved the write up of this manuscript.

We hope this revised version of the manuscript will now be suitable for publication in your Journal.

Thank you Sir.

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