Author's response to reviews

Title: Prevalence and associated factors for hypertension among adults Kabul citizens- Afghanistan, 2012

Authors:

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Author's response to reviews: see over
Cover Letter for revised version

Dear Editor in Chief,

Please find enclosed the revised version of our manuscript “Prevalence and associated factors for hypertension among adults Kabul citizens– Afghanistan, 2012” by Khwaja Mir Islam Saeed et al which we would like to submit for publication as an original research article in Biomed Central Public Health. To our knowledge this is the first report showing the prevalence and associated risk factors for hypertension in Kabul the capital of Afghanistan. We believe our findings would appeal to the leadership of Biomed Central Public Health.

The following changes have been made in this revised version according to comments by four reviewer and one public health expert and copy editor:

Response to reviewers:

Reviewer: Nurhan Dogan

There is a problem with the reference 4 and 9. It should be checked again also not suitable as reference use.

Reply: thanks for very important consideration. The references have been looked once again and the irrelevant references were removed and revised. The consistency is ensured now.

In the table 3, there are some errors. The words mentioned below should be corrected: 231 (33.4) instead of 231 (033.4) should be written (line 3), 183 (36.0) instead of 183 (36) should be written (line 12), again line 12, line 32 and line 33 should be corrected.

Reply: The tables have been reviewed by authors and they have been revised as commented. All integers have changed by adding one decimal (36 to 36.0). In addition during formatting some figures were missed and they brought back to tables.

Also, %95CI instead of CI should be written or if that is %90CI or %95CI

Reply: All CIs have been changed to %95CI.

In the Table 4, there are a lot of mistakes, it should be checked again.

Reply: all mistakes in table 4 were revised and missing values were added from original data now.

SEM (Standard error of mean) or SD (Standard deviation) must be specified in Methods- OD

Reply: The mean and standard deviation (Mean ± SD) were calculated and mentioned wherever there is such data. In addition the full text of Odds Ratio (OR) and Adjusted Odds Ratio (AOR) were mentioned first time then the abbreviation such as SD, OR and AOR were mentioned.
In men (32.3 %), compared to women, Multivariable analysis instead of Multivariate analysis

Reply: the figure has been corrected to 33.5 %, Multivariate analysis replaced by Multivariable analysis

In the abstract,

Results:

Line 2 .....547). By multivariable analysis ???? and Line 3 ....... with hypertension were age #50 ( OR=1.42, CI: 2.86- )....

Reply: we have corrected the typing error and replaced the analysis by adjusted, and also the upper part of CI has been added. There is a big mistake of putting data from SPSS tables to word table. Anyway it is revised.

Table 5

Adjusted OR fro frequency of walking daily in hours is 0.99 ( CI 0.97-1.00), An OR =1 indicates no association between the exposure and the disease

Reply: Thank you very much for reminding us about this issue. Although we thought that it would be a borderline for significance (marginally significant), however, we have removed it from the final table

Adjusted OR and CI value should be reviewed again because

Page 13 line 10........... (AOR = 1.42 , CI 2.86-5.21)

Reply: As mentioned above in abstract response, it was a mistake of typing. Now it is corrected in the manuscript and tables.
Reviewer: Bülent Altun

1. Hypertension is defined just on blood pressure values however subjects who have a history of high blood pressure should be also added to the hypertensive group. And all data should be re-evaluated.

Reply: It should be mentioned that those who were taking drugs or were under treatment for blood pressure have been added part of groups of hypertensive. It means that we have just added them as hypertensive without taking into account the current blood pressure measurement. It has been mentioned in methods as well.

2. First of all prevalence awareness and treatment, age distribution, of hypertension should be in results clearly.

Reply: the analysis for knowledge of hypertension (meaning do you know what is hypertension?) has been reflected in demographic and socioeconomic frequency. Regarding treatment we have done the analysis in background. Those who have been under treatment of hypertension were considered as high blood pressure and included in that group for analysis.

3. Data on different countries in references is not update.

Reply: we have included new references 92013-2014) about countries in the region in discussion part for support of our findings.

4. Too much data about risk factor. Some of them are not related to hypertension.

Reply: the data about risk factors and most of irrelevant risk factors have been removed from the text (introduction) with its references.

5. References are not on line

Reply: We have worked on references now and removed lots of them which were not relevant. In addition the consistency is observed now and you can feel it after its reading now.

Note: English is not our native language and we have just submitted the paper to second native speaker who is professional in public health and epidemiology to rewrite it. Fortunately he has brought lots of positive changes and I am sure you will feel it after reading it once again.
Reviewer: KedarManandhar

Major Compulsory Revisions

I have reviewed your manuscript. It looks good however I would like to request you to revisit the following points for improvement your manuscript.

Reply: thanks for review of our manuscript and for encouragement

1. Do the Cross-sectional study appropriate for identification of risk factors? I would like to suggest you to mention the associated factor rather than risk factors.

Reply: thanks for mentioning very important issue. I agree that in cross sectional studies we are just collecting data on problems and their factors at the same time. We cannot allege to be risk factors. The text regarding risk factors is revised as associated factors in revised version.

2. How did you determine the sample size of your study? If you applied the any formula for it, please mention in the methodology part. If you used it please mention in the methodology portion.

Reply: You are very much right and that is something I was trying to mention but due to fear of being very lengthy I avoid to do that. Anyway we used the Epi info program for sample size calculation as cluster sampling. Now the sample size calculation is mentioned in more detail in the manuscript.

3. How did you select the respondents for your study? Did you apply any sampling technique? If so describe how you selected the one adult from many eligible adults from the household.

Reply: this question is relevant and it has been described how we used the three stage cluster sampling as district, village, households and then coming to household members. We randomly select one of them who are adult. It was done by writing names on paper and then choosing randomly one of them.

4. How did you categorize the subject in to hypertensive? What did you do if subjects were already diagnosed as hypertensive with taking anti-hypertensivemedications?

Reply: as mentioned in the paper blood pressure was dichotomized to hyper- or normotension by systolic of ≥ 140 mmHg or diastolic of ≥ 90 mmHg. In addition those who were already sick due to blood pressure and were under treatment for this problem were added as hypertensive. They were added in related group in database and analyzed accordingly. This issue is mentioned now in revised manuscript.

5. You had mentioned that t test was used for analysis of data. Can you explain why and where did you use the t test in your study?

Reply: Thank you for identifying this error. We removed the t test from the text because we have categorized all quantitative variables.

6. Clear explanation of the limitation of the study is very essential in the research paper. I have not seen this part in the manuscript, please write about it.
Reply: A new paragraph on strengths and limitations of the study added and you can review it in revised manuscript.

Minor Essential Revisions

1. Why did you select age group of > 40 year as subject of the study? (Adult is considered age group of 18 to 64 years.)

   Reply: The age group of 40 and more than that was selected by research team thinking that the factors for NCD are more common in this group. In addition the Afghan National Public Health Institute ANPHI) in which I am working recommended to include this age group in the study. If that is necessary to be mentioned in the text I will do that.

2. You have not systematically your citation in the text. You have missed the citation number four (?). I would like to suggest you to mention these systematically number wise such as 1, 2, 3, 4, .... n.

   Reply: You have considered a very important point and due to hastiness in submission of the paper we did not saw these mistakes. Now all the references are revised and put number wise and irrelevant references with their text is removed from manuscript.

3. I would like to suggest you to write separately the discussion and conclusion of your study.

   Reply: The discussion and conclusion part are written now in separate parts (if acceptable we add them under two titles)

4. I have seen lot of mistakes in tables e.g. no 5. Such as age more 50 and less than 50, where is gone age of 50? Same kinds of mistakes have been observed in many places of the table. Please revisit it.

   Reply: This important mistake which is considered. I have changed all the mistakes and now the groups is inclusive enough and none of cases are out of group.

5. What is the meaning of <0.005 in table 5?

   Reply: It was a typo mistake and change from <0.005 to <0.05

6. Lot of inconsistencies has been observed in writing manuscript. I would suggest for the revisit of the writing the paper.

   Reply: English is not our native language and we have just submitted the paper to second native speaker who is professional in public health and epidemiology to rewrite it. Fortunately he has brought lots of positive changes and I am sure you will feel it after reading it once again.

We would like to confirm that our manuscript has not been published elsewhere and is not under consideration by another journal. All authors have approved the revised manuscript and agree with its submission to Biomed central public health.
Please address all correspondence to km_islam2001@yahoo.com or kmislamsaeed@gmail.com and look forward to hearing from you at your earliest convenience.

Sincerely,

Khwaja Mir Islam Saeed, MD, MSc

Principle Investigator and Corresponding Author