

### **Editor's Comment:**

Topic is relevant the practice of Gastroenterology

There was a clear distinction between aspirin and other NSAIDS. Is aspirin not an NSAID?

The mean age of the study group suggested they were mostly middle aged. It would be relevant to state the reason why these patients were taking NSAIDS ?

For patients on aspirin, clearly state if they were on low dose aspirin or not

The method of data collection was different for cases and controls. Any reason why direct interview was conducted for controls but not for cases? This is likely to introduce bias

State clearly if consent and ethical approval was obtained from the study population? Was the consent obtained from the control group written or verbal?

Clearly state how the sample size for this study was derived

Line 99 under statistical calculation, delete such as mode. Other statistical analysis such as odd's ratio and regression analysis used in this study should be stated in this section.

Tables 1-4 describing patients' demographics should be merged. Table on presence of digestive diseases should be deleted. That information can be presented in text as it has no statistical significance. Moreover, the term digestive disease is ambiguous, authors need to be specific.

Line 152, do you mean study group? As stated earlier, specify if it is low dose aspirin and indication for medication.

Table 5-4 should be properly labeled to indicate cases and controls

Table 6-4 is confusing. Authors set out to describe other medications that are not NSAIDs yet included other NSAIDs. A table that relates the consumption of any of these drugs in addition to an NSAID would have been more informative eg the consumption of aspirin and warfarin may be significantly higher in the study group than aspirin and plavix

A footnote should be included for abbreviations eg SSRI

Table 7-4 is ambiguous. Authors should state where the lesions were found. Eg observed ulceration in the stomach or duodenum. Again is varicose same as varices? If so, specify location-oesophageal, cardia, antrum etc. The same should be done for mass and inflammation

Table 8-4 would have shown the relative risk of upper GI bleeding associated with the various NSAIDs because that is the aim of this research.

Line 209, what is the meaning of logistic regression tests?

The discussion should focus on the subject of the research which is 'NSAID and upper GI bleeding'

Any recommendations based on study outcome?

Numerous typographical errors that require correction.

There is need to improve syntax.

You may find this article useful- Okonkwo UC, Umoh IO, Henshaw E, Victor A. Prevalence of dyspeptic symptoms among patients on low-dose antiplatelet therapy. Nig J Cardiol 2017;14:92

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