

Editorial 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

Author Feedback:

1. Although Aspirin is considered as NSAID, it is unique in its indications of use and properties.
2. We studied GI bleeding patients and the relation of NSAID with the risk of bleeding so we did not pay attention to the reason of NSAID use, we think that the reason of drug consumption had no concerns to the purpose of the study.
3. Dose of aspirin was inserted into the article at the line of 128.
4. The method of data collection was different for cases and controls because patients of case group were admitted and control group were chosen from outpatients referred to the hospital of ophthalmology to make sure that they have no digestive disorder.
5. Considering the use of NSAID in 10% of general population and at least three times as much in patients with gastrointestinal bleeding, with confidence level of 90% and $\alpha = 5\%$ sample size was calculated as 96 for each group of case and control. We increased the number of each group to 150 patients.
6. Line 99 under statistical calculation, "such as mode" was deleted and highlighted.
7. Comments related to statistical analysis were already revised and altered.
8. Table 1-4 does not exist as we changed it according to previous comments of reviewers. But the titles of table 1 and 2 were corrected.
9. Line 152: low dose of aspirin was inserted before at line 128.
10. Title of table 5-4 which is now table 3 was corrected.
11. Table 6-4 is converted into figure 2.
12. Footnote for SSRI was inserted.
13. Table 7-4 was already converted into figure. The term of ulceration was changed into peptic ulcer disease the same as esophageal varices and gastric mass.
14. Varicose was already corrected to variceal.
15. Table 8-4 which is table 4 in final revision was revised and corrections were done.
16. Recommendations were already inserted into the bottom of article as suggestion and was highlighted.
17. Type errors were corrected at previous revision.
18. Discussion was revised and corrected many times according to previous comments.