



SDI Review Form 1.6

Journal Name:	Asian Journal of Research and Reports in Gastroenterology
Manuscript Number:	Ms_AJRRGA_44395
Title of the Manuscript:	Prevalence and pattern of NSAID consumption among patients with upper gastrointestinal bleeding
Type of the Article	Original Research Article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<p>Compulsory REVISION comments</p>	<p>Title: not concise, he should indicate this as a case control, mainly assessing NSAIDs as a risk factor to UGI bleeding</p> <p>Abstract: Results section to be rewritten to give highest impact to the key results i.e. NSAIDs and their risk of UGIB</p> <p>Introduction: Writer needs to be clear why he is doing this study yet many similar ones exist. The novelty cannot just be the geography (i.e. Iran, Mashhad), is there something specific to this population that warrants a study of NSAIDs in UGIB causation. The gap/question is not clear. Author must avoid making presumptive statement without referencing = Line 49.</p> <p>Methods : The language is incomplete as to the definition/selection criteria of participants. An explanation why a different hospital was chosen for the controls making the 2 arms uncomparable. Define clearly the following; How do you define consumption of nsaid? What period and what dose? What are digestive diseases? Chronic? Acute? How do you define a case of UGIB? Is it patient reported? How is a case confirmed?</p> <p>Results: Too many results presented here, needs to narrow down to the focus of the paper Clearly number and caption the tables 1,2,3,4,5... (table 2-4 has wrong headline) Some tables are not necessary as the info can be presented in text e.g table 1-4, 4-4, 7-4, Some of the tables can be converted to pie chart of graphs e.g. 3-4, 4-5 Table 2-4 is too busy and confusing, can be split into 2 tables or some fields merged. Do not make inferences in the results section, move these lines to discussion 114-117, 125-126,135-138, 144-149, The discussion on haemoglobin need not be presented as it does not add value to the message.</p> <p>Discussion: Deeper discussion on the high bleeding in urban and suggest some theory as to why. Deeper discussion on multiplicity, period and dosage of use of the NSAIDs and how they impact on your results. If this was not captured in the data collection then you should mention why and if you are planning a follow-up study to address these. The length should be reduced to only focus on NSAIDs risk to bleeding, all other aspects of the results can be discussed in single short lines e.g. shorten the discussion on other medications, haemoglobin levels, endoscopy findings. Try and add a suggestion to explain any surprise finding of your study.</p>	
<p>Minor REVISION comments</p>	<p>Rephrase these lines for brevity, clarity and conciseness; 9, 52, 56-60, 80-86, 93 – 95, 98, 100, 108, 221, 244, 256, 263, 270, 278,280 – 286, 289,</p> <p>Delete line 310-312 as it does not add value to the discussion</p> <p>Avoid repetitions in these lines: 74 – 78, 80 – 87, 109, 214-216, 238 – 240,</p> <p>Line 226 – change varicose to variceal Line 261 – followed up not tracked Line 263 – cigarette smoking not consumption</p>	



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Optional/General comments	This paper is significantly long, not precise in its message and tries to fit in too much information into a single publication. I suggest that some of the non-related information can be presented as 2 or 3 other different papers and leave this paper to only discuss what relates to NSAIDs as risk factors to UGIB. The other papers can deal with prevalence, patterns, relation of UGIB with digestive and non-digestive chronic illnesses, the pattern of endoscopy findings in the Mashaad population.	
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PART 2:

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

Reviewer Details:

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