

Review of: "Obesity, Dyslipidemia and other Risks Factors for Metabolic Syndrome among Indigenous Black African Secondary School Students in Lagos, Nigeria"

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Potential competing interests: No potential competing interests to declare.

In the Measurements section, it is not clear why they centrifuge before obtaining the plasma and why freeze at -20°C.

It is better to mention "subjects with obesity" than obese subjects. Since you study people with diseases.

In the summary section it would be correct to mention BMI (kg/m²) only the first time.

Ensure that the cut-off points for circumference are validated for the pediatric population (adolescents)

In introduction, first paragraph, last line, bibliographic reference is missing.

In the Study population section, the last statement is repetitive.

In the Sample size calculation section, it would be consistent to indicate which statistical formula was used.

Mention the brands and country of the scales and stadiometers used.

Mention how many hours of fasting it took to obtain the blood.

To calculate metabolic syndrome, it would be better if you mentioned the formula used. And make sure that this formula is validated in the pediatric population.

In the results section, Frequency distribution of systolic and diastolic blood pressure (mm Hg), Fasting Blood Glucose (FBG) among study subjects, High-density lipoprotein (mg/dl) analysis and Specific risk factors for metabolic syndrome, I recommend that you summarize these further. sections and only mention the results where there was a significant difference, which is the most relevant. Because then it is repetitive since the tables describe those results as well.

In the discussion section, I do not consider it pertinent to compare the prevalence of dyslipidemia between Nigerians with Norwegians or Arabs. Unless they mention the intense differences of race and culture.

In the discussion section, it is important that you consider that you did not investigate diet, physical activity and sleep to reach conclusions.

In the discussion section, it would be interesting to consider discussing other possible causes of why Nigerian adolescents

(even those who were underweight for their age) also present a prevalence of dyslipidemia. Any methodological, genetic or sociocultural explanation?