

Review of: "[Research Note] Reprogramming of GLP-1 Response at Prediabetes for the Prevention of Type 2 Diabetes: The Role of Albumin and GLP-1 Receptor Agonists"

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Potential competing interests: No potential competing interests to declare.

The article spots the light on the role of albumin level and the GLP-1 receptor agonists as mean to reprogram GLP-1 response in pre-diabetes. Although the subject refers to a new prospective to address pre-diabetes and diabetes, the following points may need to be addressed:

- The article should focus on the main targets, which are the role of albumin and GLP-1 receptor agonists and their correlation to pre-diabetes and diabetes. The discussion of the role of albumin is weak and needs enhancements. The article must explain the connection between albumin and inflammatory markers and how this would affect the response of insulin to a sugar load, and how the action of GLP-1 receptor agonists is affected.
- This sentence "Pre-diabetes as a Reversible Metabolic Disorder; Contrary to common belief, pre-diabetes is not exclusive to type 1 diabetes but is a chronic and reversible metabolic disorder" is somewhat vague and may refer to false information, as type 1 diabetes is not related to pre-diabetes. According to reference 4, cited in this sentence, "Pre-diabetes is a term used to describe the buffer period before the onset of type II diabetes," which definitely indicates exclusiveness to type 2 diabetes. I suggest correcting, rephrasing, or deleting the sentence, or perhaps merging the last part of it with the next sentence.
- The last part of this sentence "The GLP-1 response to oral glucose is impaired by up to 25% in individuals with pre-diabetes and type 2 diabetes, particularly in women" indicates that the pre-diabetes condition is more particular in women, which is contrary to what you mentioned previously, at the beginning, that there is no significant gender difference in pre-diabetes occurrence. This needs to be checked and adjusted in the draft.
- The GLP-1 needs to be written in full at their first appearance in the draft, with the acronym in brackets, and then written in short all over. The same applies to every abbreviated term, such as the CDC, which also needs to be written in full and then abbreviated.
- The whole draft needs some language improvements.