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Peer Review

Review of: "Auditing the Cost of Treating Hypertension in a Tertiary Health Facility in Yobe State, North-Eastern Nigeria"

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Major Concerns

1. Study Design Limitations

The cross-sectional design limits causal interpretation and may not accurately reflect long-term treatment costs. Hypertension is a chronic condition with fluctuating treatment patterns, and a short study duration may underestimate or overestimate true costs.

2. Cost-Effectiveness Methodology

The definition of cost-effectiveness as “cost per blood pressure control” requires further justification. Standard health economic evaluations typically incorporate incremental cost-effectiveness ratios (ICERs) and clinical outcome measures such as quality-adjusted life years (QALYs). The current approach may oversimplify comparative effectiveness between treatment regimens.

3. Potential Recall Bias

Several cost components, particularly transportation and productivity loss, were based on patient self-reporting. The authors should discuss the potential influence of recall bias and its impact on cost estimation.

4. Exclusion of Patients with Comorbidities

Excluding patients with diabetes and other comorbid conditions may reduce generalizability since multimorbidity is common among hypertensive populations. This exclusion may also underestimate the

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real-world financial burden.

5. Lack of Multivariable Analysis

The study reports descriptive cost findings without examining predictors of high treatment cost or poor blood pressure control. Additional regression analysis could strengthen the interpretation and identify socioeconomic or clinical factors influencing cost burden.

Declarations

Potential competing interests: No potential competing interests to declare.