

Review of: "Antihypertensive Medications Adherence and Its Relationship to Blood Pressure Control Among Healthcare Workers in Jose R. Reyes Memorial Medical Center (JRRMMC): A Retrospective Analytic Study"

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Potential competing interests: No potential competing interests to declare.

I would like to thank the authors for manuscript. Some editing for English language is required throughout the manuscript.

For abstract, in my opinion it was quiet weak. 'Background' was too long and I feel it was a waste because the authors should focus on the method and the results. For methods, authors did not state what MMAS-8 was used for (e,g: to measure adherence to antihypertensive medications'. Also, no scoring and categorizations was described in relation to MMAS-8 questionnaires and the statistical analysis used was also not described. For conclusion, authors stated association between 'non-adherence to treatment and antihypertensive treatment disruption'. However, 'antihypertensive treatment disruption' was never mentioned anywhere in the abstract, either in the backgroud or method. Finally, the references in the abstract should be removed because they were not supposed to be there in the first place. Full name for abbreviations for ARB, CCB should be stated clearly.

For the whole manuscript, I feel that the the manuscript was poorly written. Data and vital information was poorly presented. Below are the opinion that I have on each part of the manuscript:

For 'Method', author never mentioned if they have received any permission or license to use MMAS-8. If they have, then it should be clearly stated in 'method' or 'acknowledgement'. Unauthorized use will have legal ramification. The scoring system for MMAS-8 that separate participants into non-adherence or adherent categories was also never stated. The analysis technique was too briefed. Authors should describe how they conduct the univariate and logistic regression in detail. The guideline/s used for hypertension was not described too. Pooling all participants into one target blood pressure can produce results that are confusing/ misleading since target blood pressure are different between those who were only hypertensive or those with hypertension and other comorbidities such as diabetes.

For 'Results', there were excessive number of tables. Authors should minimise this. For instance, table 6,7 and 8 can be pooled into one table. The use of two decimal places for percentage was also unnecessary. the 95% confidence intervals should be shown on the tables and written in the results as well. The titles for all the tables was also too long and unnecessary and it needed to be simplify further.

