



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Clinical Pediatrics*

**Manuscript NO:** 91638

**Title:** Prevalence of obesity, determinants, and its association with hyperglycaemia among community dwelling older adolescents in India

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05278434

**Position:** Peer Reviewer

**Academic degree:** PhD

**Professional title:** Professor

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** India

**Manuscript submission date:** 2024-01-01

**Reviewer chosen by:** Yu-Fei Wei

**Reviewer accepted review:** 2024-08-08 09:05

**Reviewer performed review:** 2024-08-16 10:12

**Review time:** 8 Days and 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Novelty of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
<b>Creativity or innovation of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

This manuscript offers valuable insights on obesity and diabetes among Indian adolescents. Its methodology is robust, with a large and representative sample. However, it has limitations due to its cross-sectional design, measurement concerns, and absence of key data. Improving upon these weaknesses, providing deeper analysis of the findings, and clearer policy suggestions can enhance the study. Specifically, longitudinal studies could help track changes over time, while addressing measurement issues and collecting additional data could strengthen the conclusions. Ultimately, this work highlights the need for comprehensive approaches to tackle obesity and diabetes among adolescents in India, and offers a foundation for future research and policy interventions.

1.The use of cross-sectional data limits the ability to establish causality. While the associations observed are valuable, the study cannot definitively determine whether the identified factors cause obesity or diabetes. Longitudinal studies would be more appropriate for this purpose.

2.The reliance on self-reported data for certain variables, such as diabetes diagnosis and treatment, introduces potential recall bias. Additionally, the use of random blood glucose levels instead of more sensitive measures like glycated



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hemoglobin (HbA1c) or fasting blood glucose levels may lead to underestimation of diabetes prevalence. 3.The study does not differentiate between Type 1 and Type 2 diabetes, which are distinct conditions with different etiologies and management strategies. This limitation reduces the clinical relevance of the findings. 4.While the study addresses socio-demographic and lifestyle factors, it lacks data on physical activity and diet, which are critical determinants of obesity and diabetes. Including such data would provide a more comprehensive understanding of the risk factors. 5.The manuscript places significant emphasis on statistical significance without sufficient discussion of the clinical relevance of the findings. For example, the observed associations, while statistically significant, may have limited practical impact due to small effect sizes. 6.Although the study highlights regional variations in diabetes prevalence, it does not delve deeply into the potential causes of these discrepancies. Further analysis of local factors, such as healthcare infrastructure or cultural practices, would strengthen the conclusions. 7.While the manuscript touches on public health implications, it lacks a detailed discussion on how the findings could inform specific policy changes or interventions. More concrete recommendations would enhance the practical utility of the research.