



REVIEWER'S REPORT

Manuscript No.: IJAR-56564

Title: Prescription pattern study of oral glucose lowering agents in patients with type 2 diabetes in outpatient department of a tertiary care teaching hospital,

Recommendation:

- Accept as it is
- Accept after minor revision.....YES.....**
- Accept after major revision
- Do not accept (*Reasons below*)

Rating	Excel.	Good	Fair	Poor
Originality		√		
Techn. Quality		√		
Clarity		√		
Significance		√		

Reviewer's ID: JPR-094

Detailed Reviewer's Report

1. Strengths of the Manuscript

1. ****Large Sample Size****

* The study includes ****600 prescriptions****, which provides adequate data to analyze prescribing trends.

2. ****Use of Standard Evaluation Tool****

* Application of ****WHO core prescribing indicators**** strengthens the methodology and allows comparison with international benchmarks.

3. ****Relevant Public Health Topic****

* Type 2 diabetes is a major global health problem. Studying prescription patterns contributes to ****rational drug use and pharmacovigilance****.

4. ****Inclusion of Newer Antidiabetic Drugs****

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* The manuscript highlights the use of **DPP-4 inhibitors and SGLT2 inhibitors**, reflecting current therapeutic trends.

5. **Comprehensive Data Presentation**

* Demographic characteristics, therapy categories, drug utilization patterns, and WHO indicators are clearly presented with tables and figures.

6. **Recent References**

* The manuscript includes **recent references (2024–2026)**, indicating updated literature support.

2. Weaknesses of the Manuscript

1. **Limited Study Design**

* The study is **single-centre and cross-sectional**, which limits generalizability.

2. **Lack of Inferential Statistical Analysis**

* Only **descriptive statistics** were used. No statistical tests were performed to assess significance between groups.

3. **Incomplete Clinical Variables**

* Important patient parameters such as:

* **HbA1c values**

* **Duration of diabetes**

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* **Presence of comorbidities**

* **Body mass index (BMI)**

were not included.

4. **Unclear Definition of Polytherapy**

* Polytherapy was defined as ≥ 4 classes of drugs, which differs from commonly accepted definitions.

5. **Inadequate Discussion of Clinical Implications**

* The discussion focuses mainly on comparison with other studies but does not fully explain clinical consequences of polypharmacy.

6. **Formatting and Language Issues**

* Minor grammatical and formatting errors are present.

* Some tables and figures need clearer labeling.

7. **Essential Medicines List Analysis**

* The study reports 55.5% EML adherence, but reasons for low adherence were not analyzed.

3. Significance of the Study

The study provides valuable information on current prescribing trends of antidiabetic drugs in a tertiary care hospital in India.

It highlights:

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* Increasing use of **newer antidiabetic agents**

* High prevalence of **combination therapy**

* **Deviation from WHO prescribing indicators**

These findings are important for improving **rational prescribing practices and healthcare policy**.

4. Key Points

1. The study evaluated **600 prescriptions of T2DM patients**.
 2. Majority of patients were **41–60 years old**.
 3. **Combination therapy was common**, with polytherapy observed in 39.3%.
 4. **DPP-4 inhibitors were the most frequently prescribed drugs (61.1%)**.
 5. The **average number of drugs per prescription (3.59)** exceeded WHO recommendations.
 6. **Generic prescribing rate was 86.4%**, which is high but below the ideal value.
 7. **Only 55.5% drugs were from the essential medicines list**, indicating scope for improvement.
5. Recommendation

Recommendation: Minor to Moderate Revision

The manuscript addresses an important clinical issue and provides useful data on prescribing patterns. However, before acceptance the following revisions are recommended:

1. Improve language and formatting.
2. Clarify methodology and definition of therapy categories.
3. Expand discussion on clinical implications of polypharmacy.
4. Provide reasons for low adherence to the essential medicines list.

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5. If possible, include additional clinical variables or acknowledge them as limitations.

After addressing these points, the manuscript would be suitable for publication.

Justification for **Minor Revision**

The manuscript has **sound methodology, adequate sample size (n=600), clear results, and relevant literature**. The issues identified are mainly **editorial, clarity, formatting, and minor methodological explanations**, which **do not affect the validity of the results**. Therefore, **minor revision** is appropriate rather than major revision.

Line-by-Line Reviewer Comments

Title Section

Line 1-4

Issue:

- * Title formatting is fragmented across multiple lines.
- * Slight grammatical improvement possible.

Suggested revision:

> Prescription Pattern of Oral Glucose-Lowering Agents in Patients with Type 2 Diabetes Mellitus in the Outpatient Department of a Tertiary Care Teaching Hospital

Reason:

Formatting/clarity issue only → **minor**

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Abstract

Background

****Line 11–12****

Issue:

Missing space after citation.

Current:

[2]Appropriate selection

Correction:

[2] Appropriate selection

Reason → ****Formatting****

Objectives

****Line 15****

Issue:

Missing space after colon.

Current:

Objectives:To evaluate

Correction:

Objectives: To evaluate

Reason → ****Minor formatting****

Methods

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****Line 19****

Issue:

Institution name appears without first definition of abbreviation.

Example:

MGM Hospital

Suggestion:

Define full form first.

Reason → ****Clarity improvement****

Statistical Analysis

****Line 26****

Issue:

Hyphen formatting inconsistent.

Current:

Statistical analysis: -

Correction:

Statistical analysis:

Reason → ****Formatting****

Results Section of Abstract

****Line 31****

Issue:

Definition of polytherapy is ****non-standard****.

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Current:

Polytherapy (≥ 4 classes)

Standard definition:

Polypharmacy generally = **≥ 5 drugs**

However:

Your definition is acceptable **if clearly justified**.

Suggestion:

Add clarification.

Example:

> Polytherapy (≥ 4 classes of glucose-lowering agents) was defined operationally for this study.

Reason → **Clarification needed**

Still minor because definition is provided later in methods.

Line 39–41

Issue:

Percentages reported with high precision.

Example:

8.64%

6.15%

Suggestion:

Round to **one decimal place**

Example:

8.6%

6.2%

Reason → **Reporting style**

Conclusions

Line 44–45

Issue:

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Sentence slightly long.

Current:

The mean number of medicines per encounter exceeded the WHO reference value of less than 2

Suggestion:

Improve readability.

Example:

> The mean number of medicines per encounter exceeded the WHO recommended value (<2).

Reason → ****Language refinement****

Keywords

****Line 49****

Issue:

Standard keyword formatting in journals.

Current:

Type II diabetes mellitus

Preferred:

Type 2 diabetes mellitus

Reason → ****Terminology consistency****

Introduction

Lines 54–63

Issue:

Repetition of epidemiological statistics already stated in abstract.

Suggestion:

Shorten slightly.

Reason:

Avoid redundancy.

Still ****minor editorial improvement****.

****Line 64–66****

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Issue:

Polypharmacy definition introduced but not clearly linked to study definition.

Suggestion:

Add clarification:

Example:

> In the present study, polytherapy refers specifically to ≥ 4 classes of glucose-lowering agents.

Reason → **Conceptual clarity**

Line 83

Issue:

Sentence structure slightly complex.

Suggestion:

Split sentence for readability.

Reason → **Language improvement**

Methods

Line 102

Issue:

Multiple descriptors used together.

Current:

descriptive, observational, non-interventional, cross-sectional

Suggestion:

Simplify:

> descriptive cross-sectional observational study

Reason → **Style**

Line 104

Issue:

Old city name included.

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Current:

Chhatrapati Sambhaji Nagar (Aurangabad)

Either acceptable but journals prefer ****single standard name****.

Reason → ****Formatting****

Line 106

Issue:

Sample size justification missing.

Current:

Prescriptions were collected until the target sample size of 600 encounters was reached

Suggestion:

Add:

> based on feasibility / previous prescription pattern studies.

Reason → ****Methodological clarity****

Still minor because descriptive studies often use convenience samples.

Line 120

Issue:

Age group includes ****>80**** but results show ****22–80 range****.

Possible inconsistency.

Suggestion:

Clarify.

Reason → ****Minor methodological clarification****

Results

Line 148

Issue:

Figure caption formatting.

Current:

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Figure 1: Age distribution

Should include **n=600**.

Example:

> Figure 1: Age distribution of patients (n=600)

Reason → **Formatting**

Table 1 (Line 150)

Issue:

Table formatting inconsistent.

Example:

Column headers missing vertical alignment.

Reason → **Formatting**

Line 160

Issue:

Missing space.

Current:

Figure 2:Distribution

Correction:

Figure 2: Distribution

Reason → **Typographical**

Line 163

Issue:

Missing space.

Current:

summarized inFigure 3

Correction:

summarized in Figure 3

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Reason → **Minor typo**

Discussion

Line 195

Issue:

Sentence length too long.

Suggestion:

Split sentence.

Reason → **Language clarity**

Line 208

Issue:

Reference placement slightly awkward.

Current:

recent guidelines. (Figure 4) [4]

Better:

recent guidelines [4] (Figure 4).

Reason → **Formatting**

Line 221

Issue:

WHO reference value repeated.

Already mentioned earlier.

Suggestion:

Shorten.

Reason → **Redundancy**

Line 231

Issue:

Space before citation.

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Current:

20 %.[5]

Correction:

20% [5]

Reason → **Formatting**

Strengths and Limitations Section

Line 254

Issue:

Limitations could include:

* lack of HbA1c data

* lack of comorbidity analysis

However absence **does not invalidate results**.

Reason → **Optional improvement**

Conclusion

Line 259–272

Issue:

Conclusion slightly long.

Suggestion:

Condense.

Reason → **Style**

References

Line 291

Issue:

Journal name formatting.

International Journal of Advanced Research

Publisher's Name: Jana Publication and Research LLP

www.journalijar.com

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Current:

J PharmacolPharmacother

Correct:

J Pharmacol Pharmacother

Reason → ****Citation formatting****

Line 312

Issue:

Broken DOI formatting.

Current:

2319-

2003

Correction:

Single line DOI.

Reason → ****Formatting****

Overall Assessment

Category	Evaluation
Originality	Good
Methodology	Appropriate
Sample size	Adequate
Data analysis	Acceptable
Writing quality	Minor corrections needed
Ethical approval	Present

Why It Is ****Minor Revision (Not Major)****

The issues identified are mainly:

✓ Typographical errors

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- ✓ Formatting inconsistencies
- ✓ Minor clarification in methodology
- ✓ Slight language improvements

There are ****NO major scientific flaws****, such as:

- Incorrect statistical methods
- Invalid conclusions
- Missing ethical approval
- Inadequate sample size

Therefore:

****Editorial corrections are sufficient → Minor Revision****