

January 29th, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (Albarwani et al 29th January 2014.doc).

**Title:** Prehypertension: underlying pathology and therapeutic options.

**Author:** Sulayma Albarwani, Sultan Al-Siyabi and Musbah O Tanira

**Name of Journal:** *World Journal of Cardiology*

**ESPS Manuscript NO:** Manuscript revision NO: 8142

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

(1) The professional title of the corresponding author has been added

(2) References were formatted as follows:

- DOIs and PMIDs were added to all except those were older than the introduction of DOIs (not digitized), one reference only (number 1) which was published in 1939, electronic copy of its first page is attached.
- Full names of all authors are cited in the revised version

Dear Editor

Thank you very much for providing us with the valuable comments on our review. We were happy to incorporate all comments which we believe have improved the quality of the review. The corrected and new areas are highlighted in yellow in the revised resubmitted manuscript.

**1. page 4, definitions: please note that according to the ESH/ESC 2014 guidelines "high-normal BP" is defined as SBP 130-139 or DBP 85-89, and not 120-139/80-89 mmHg.**

A statement indicating definition of the European Society of Hypertension/the European Society of Cardiology with its reference is included (page 6)

**2. page 6, chapter " EFFECTS OF RAS ON CARDIOVASCULAR SYSTEM IN GENERAL": the author described only the relation between RAS and NO availability. This is not the whole truth.**

We have expanded this section to include other effects of RAS

**3. Page 7: please note that reference 39 is about rats not human beings.**

Corrected

*Points 4, 5 and 6*

4. *The author should discuss the lack of the evidence of the beneficial influence of BP-lowering drugs prescribed to people without hypertension and without over heart disease on the cardiovascular events, as infarctions, strokes, deaths. They should also discuss the concept of so called "J" curve.*
5. *The author referenced several trials showing that prescribing BP-lowering drugs to people without hypertension decreases BP. What about the risk of organ damage development (as enlargement of left atrium, proteinuria, IMT, etc.).*
6. *The authors should also discuss the problem of the important difference between intraortic and brachial BP values, especially in younger subjects. These subjects often have "high-normal BP" when BP is measured on brachial artery and low BP when central BP is measured. The indications for BP-lowering (both using drugs and lifestyle changes) in these subjects may differ when compared to those with central BP values in the "high-normal" range.*

We very much appreciate the importance of the above three points (4.5.6) for the topic of control of blood pressure in general. However, because they don't appear to have direct relevance to the topic of prehypertension, we gathered them together under a new section **"SALIENT ISSUES PERTAINING TO BLOOD PRESSURE AND CARDIOVASCULAR RISK"**. Under this section, we discussed:

- A. *THE J-BLOOD PRESSURE CURVE CONCEPT AND CARDIOVASCULAR RISK*
- B. *CENTRAL SYSTOLIC VERSUS PERIPHERAL SYSTOLIC BLOOD PRESSURE AND CARDIOVASCULAR EVENTS*
- C. *ANTIHYPERTENSIVE DRUGS AND CARDIOVASCULAR EVENTS*

We hope that our review in its amended shape will be suitable for publication in your Journal; awaiting your favourable prompt response.

Prof MO Tanira

(3) We complied with all items cited under **"BPG's Revision Policies for Topic Highlight"**

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,