

Dear Editor and Reviewers,

First, we would like to thank you all for critically evaluating our manuscript.

We consider your comments and suggestions helpful and justified. As per your advice, we have revised our manuscript and made changes to address your every concern and comment as described below. All comments are listed in the following pages and responses are written in green color. Our first author is a native English speaker and has thoroughly revised and corrected errors in grammar, syntax, spelling punctuation and logic. Our manuscript uses US English spelling.

We will be most grateful if you let us know any shortcomings in our revision.

Sincerely yours,

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Responses to the editor's comments

Comment #1 on Conflict-of-interest statement: Please offer signed pdf file. Thank you!

The signed pdf conflict-of-interest statement is included in this round of submission.

Comment #2 on the corresponding author's email: The personal email is not accepted, please offer your institute email. Thank you!

Our corresponding author's institute does not have institute email.

Comment #3 on Audio Core Tip: Please offer the audio core tip, the requirement are as follows:
In order to attract readers to read your full-text article, we request that the first author make an audio file describing your final core tip. This audio file will be published online, along with your article. Please submit audio files according to the following specifications:

Acceptable file formats: .mp3, .wav, or .aiff

Maximum file size: 10 MB

To achieve the best quality, when saving audio files as an mp3, use a setting of 256 kbps or higher for stereo or 128 kbps or higher for mono. Sampling rate should be either 44.1 kHz or 48 kHz. Bit rate should be either 16 or 24 bit. To avoid audible clipping noise, please make sure that audio levels do not exceed 0 dBFS.

An audio file for the audio core tip was made by the first author, and is included in this round of submission.

Comment #4 on REFERENCES: Please add PubMed citation numbers and DOI citation to the reference list and list all authors.

All authors of reference 86 are listed (page 26, line 11 to 12)

DOI citation numbers are added to the following references:

reference 4 (page 17 line 15), reference 10 (page 17 line 30), reference 12 (page 18 line 7),
reference 18 (page 18 line 27), reference 25 (page 19 line 17), reference 34 (page 20 line 17),
reference 46 (page 21 line 30)

PubMed citation numbers are added to following references:

reference 4 (page 17 line 15), reference 18 (page 18 line 26), reference 20 (page 19 line 2)
reference 34 (page 20 line 17), reference 46 (page 21 line 30), reference 48 (page 22 line 7)
, reference 86 (page 25 line 14)

Where applicable, the PMID citation numbers and DOI citation are added to the reference list. The list of all authors are also added. Reference 4 and 18 were replaced by alternative version of the articles published in English journals with PMID and DOI available (page 17 line 13-16, page 18 line 24 to 27).

The author name of the reference number 6 is rewritten with the format in accordance with the journal requirement (page 17 line 19).

Added the organization name of reference 34 (page 20 line 15 to 17), reference 46 (page 21 line 28), reference 85 (page 26 line 7 to line 8).

Other changes made to the manuscript for correcting word choices and grammatical errors:

Reformatted the “World Journal of Clinical Cases”, “32958” and “Minireviews” on the title page (page 1 line 1-3)

Added “**Open-Access:** This article is an open-access article which was selected by an inhouse editor and fully peer-reviewed by external reviewers. It is distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial.

See: <http://creativecommons.org/licenses/by-nc/4.0/>” to the title page (page 1 line 23 to line 29).

Page 3

line 2: Changed “; a” to “. A”

line 4: Changed “or older” to “and above”

line 5: Changed “complex” to “complicated”

line 9: Changed “Effective” to “Proper”

line 10: Changed “modifications to effectively recover” to “changes for remarkably recovering”

line 18: Changed “diverse” to “different”⁰

line 19: Added “strategies”

line 23: Changed “a” to “the”

line 24: Changed “are” to “have been”

line 26: Changed “or older” to “and above”

line 27: Added “in this review”

Page 4

line 6: Changed “population” to “people”, “or older” to “and above”

line 7: Changed “important” to “relevant”

line 8: Changed “treatments” to “medications”, “remain” to “remains”

line 16 and line 19: Changed “elder population” to “older adults”

line 22: Changed “in terms of” to “regarding”

Page 5

line 6: Changed “Effective” to “Proper”

line 7: Changed “to considerably reduce risks of CVDs to been shown” to “reduce risks of CVDs considerably”

line 8: Changed “reported” to “demonstrated”

line 15: Changed “main” to “leading”

line 22: Changed “; a” to “. A”

Page 6

line 4: Changed “be initially set” to “begin”

line 13: Changed “The effect of anti-hypertensive treatment is” to “Antihypertensive treatments are”

line 14 to line 15: Added “than those with lower baseline blood pressure”

line 17: Changed “treatments” to “medications”, “be used in reducing” to “reduce”

line 27 to 28: Changed “reduce” to “decrease”, “can be used in” to “are recommended for”

line 13: Changed “drugs” to “medications”

line 28: Removed “The first generation CCB (verapamil, diltiazem, nifedipine) has short duration in reducing treatment and many treatment-related adverse effects, the”, added “The”, changed “basic” to “essential”.

Page 8

line 2: Changed “appropriate” to “suitable”

line 5: Changed “used” to “utilized”

line 10: Changed “closely” to “carefully”

line 11: Changed “be initiated” to “start”

line 14 to 15: Changed “to significantly improve” to “to improve cardiovascular health significantly”

Page 9

line 27: Added “an”

line 29: Removed “Recent studies such as”

Page 10

line 11 and 13: Changed “or older” to “and above”

line 24: Changed “more likely to have” to “at high risk of”

line 27: Changed “poor” to “reduced”

Page 11

line 25: Changed “4” to “four”

Page 12

line 4: Changed “normal” to “healthy”

line 28: Changed “9” to “nine”

line 31: Changed “5” to “five”

Page 13

line 27: Changed “cardiovascular systemic modulation” to “systemic cardiovascular modulation”

Page 14

line 12: Changed “specific” to “particular”

line 21: Changed “people” to “individuals”

Page 15

line 17: Changed “more” to “additional”, “assess” to “evaluate”

line 29: Changed “effective” to “appropriate”