

PEER-REVIEW REPORT

Name of journal: *World Journal of Nephrology*

Manuscript NO: 87649

Title: Antihypertensive prescribing patterns in non-dialysis dependent chronic kidney disease: Findings from the Salford Kidney Study

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05821524

Position: Editorial Board

Academic degree: FACP, FASN, FEBS, FRCP, MBChB, MD

Professional title: Assistant Professor, Consultant Physician-Scientist

Reviewer's Country/Territory: Iraq

Author's Country/Territory: United Kingdom

Manuscript submission date: 2023-08-20

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-08-28 12:54

Reviewer performed review: 2023-09-01 12:10

Review time: 3 Days and 23 Hours

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 Grade E: Do not publish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

Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<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
Conclusion	<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
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	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

Thanks to all authors for such an effort. I have the following points: 1. Authors used the terms ACEi, ARBS, and RABs in the text and tables. For the reader, it seems they are using them interchangeably, although the numbers on the tables are different and not additive. It would be better to unify the terms in a group with a crystal-clear definition for easy readability, like (RAAS blockade). Terms and practice are not similar in all countries; thus, it would be better to use consensus terms. 2. Authors emphasized the notion by most guidelines that NDCCBs are the preferred group of CCBs especially in. The results revealed that DCCBs are the 3rd option even in patients with proteinuria. This needs to be discussed. Is it deviation from the guidelines, why there is such a trend, and what are the possible factors? 3. Authors should mention that GFR analysis was not made to all participants as a limitation of the study.