

Respected Sir,

I thank you for your very valuable suggestions. I have incorporated the changes. The changes have been marked in red in the manuscript. If any further corrections are required, kindly let me know. I shall do the needful.

Regards,

Tanu Midha

#### Comments of Reviewer 00506211

The article submitted by Midha et al has been reviewed with interest. Authors present the findings from a literature search conducted regarding hypertension in India. The most interesting portion is the rising prevalence of hypertension in Rural India, as this could impact healthcare in India significantly. However, there are some specific limitations/weaknesses:

Major: 1. Inclusion/exclusion criteria need slightly more elaboration. Authors should clarify if the blood pressure measurements used included chronic hypertension (ie average of 3 visits) or if acute hypertension was a factor in any of the cited articles.

Reply: Inclusion/exclusion criteria have been elaborated.(Page 4, Para 3, Line 13) All the studies had a cross-sectional design and blood pressure measurement on a single visit was considered. (Page 4, Para 3, Line 18)

2. Results – One (brief) sentence to clarify why what about the 165/123 “titles” respectively that were excluded may be beneficial.

Reply: The remaining studies were excluded because if we included studies that did not conform to our inclusion criteria, the overall result would get distorted. Furthermore, very few studies on the prevalence of hypertension have been reported from India. “Age, blood pressure cut-off and study design criteria made us exclude many studies so as to avoid distortion of the results.”(Page 4,Para 5,Line 28)

3. References: Reference 1-3 appear to be listed as the website only. All references should be formatted according to the journal requirements. Furthermore, it appears that there are several inconsistencies amongst the reporting of the references.

Reply: Thank you Sir, The references have been formatted (Ref. No. 1-3). The reporting of references has also been corrected.( Introduction.Page 3,Para 2,Line 8)

4. Authors only discuss the basic finding of the updated prevalence of hypertension only. This manuscript could be potentially more impactful if the authors cited any current measures/clinical trials to investigate treatment. At the very least, authors should consider

adding a section to predict any “next steps” based on the prevalence of hypertension in India. Perhaps a more robust discussion of the challenges India will be faced in dealing with the increase in hypertensive patients is warranted.

Reply: Thank you for the suggestion, Sir. A section entitled “ The Challenge Ahead” has been added in the discussion.(Page 7, Para 2)

Minor: 1. Discussion section, paragraph 2: “However, no consistent rising...down the years” is a confusion sentence and should be re-worded

Reply: The sentence has been corrected.(Page 5, Line 23)

2. When citing other author work in text, the first and middle initial should be left out. For example, “Gupta R” should be “Gupta et al.”

Reply: The necessary corrections have been made.

#### Comments of Reviewer **00070411**

For the authors, the following parts may be revised:

1. Keywords are not appropriate for this manuscript. Maybe prevalence should be added.

Reply: Thank you, Sir. ‘Prevalence’ has been included in the keywords.

2. As a meta-analysis there is no heterogeneity test, it may be a requisite part of meta-analysis.

Reply: We have used the software ‘Comprehensive Meta-analysis’ and the software does not provide a consolidated X<sup>2</sup>-based Q value or I<sup>2</sup> as test of heterogeneity for the meta-analysis. We have used the random effect model for calculating the estimate of the prevalence of hypertension rather than the fixed effect model. The random effects model will tend to give a more conservative estimate (i.e. with wider confidence interval), but the results are more valid as they take into account heterogeneity. Under the random effects model the true effects in the studies are assumed to vary between studies and the summary effect is the weighted average of the effects reported in the different studies. “The random effect model takes into account any heterogeneity inherent in the meta-analysis”.(Page 4,Para 4,Line 23)

3. The prevalence of hypertension in different period may vary tremendous. Thus, the prevalence studies from January 2000 to June 2012 should not consolidate together.

Reply: Obesity and lifestyle changes have been seen as the epidemic of the 21<sup>st</sup> century, and non-communicable diseases like hypertension, diabetes and CVDs occur as a consequence of obesity therefore data from 2000 onwards has been taken. But the epidemic of non-communicable diseases shows a secular trend and the prevalence of

hypertension has continued to rise steadily over the years and is still on the rise, therefore the duration from 2000 to present was considered for the study.