

# ESPS Peer-review Report

**Name of Journal:** World Journal of Diabetes

**ESPS Manuscript NO:** 10122

**Title:** NOVEL CHOICES TO IMPROVE GLYCEMIC CONTROL IN HYPERTENSIVE TYPE TWO DIABETICS

**Reviewer code:** 00502799

**Science editor:** Xiu-Xia Song

**Date sent for review:** 2014-03-14 10:43

**Date reviewed:** 2014-03-19 14:46

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

1. It is not clear why the authors chose to review these two antihypertensive treatments. Carvedilol is not a new antihypertensive and there are other drugs such as ACE inh and ARBs with considerable evidence from experimental and clinical studies of favorable effects on carbohydrate metabolism and insulin resistance. Carvedilol's place in the therapy of hypertension in people with diabetes is not discussed. Current practice is to start with an ACE inh or ARB, adding a long-acting dihydropyridine if necessary; if a beta blocker has to be used, carvedilol may have some benefits over other drugs of this class. In addition, RDN is an invasive procedure with very specific indications, which again, are not discussed in the manuscript (resistant hypertension after causes of secondary hypertension have been excluded, with preserved renal function and eligible renal artery anatomy). 2. Due to their different indications and potential role in the treatment of hypertensive patients with T2 diabetes, a comparison of carvedilol with RDN appears unwarranted. It would make more sense to include in the manuscript all antihypertensive drug classes and review their effects on carbohydrate metabolism or alternatively, refer to all antihypertensive therapies that may have benefits (metabolic or in terms of clinical endpoints) in people with diabetes. 3. The title is rather misleading, in that one would not attempt to improve glycemic control in patients with T2 diabetes by choosing one versus another antihypertensive. The main focus of antihypertensive therapy should be effectiveness on blood pressure control and effectiveness in the ability to reduce diabetic complications. On the other hand, when the aim is to improve glycemic control, there are numerous effective antihyperglycemic agents to choose from. Furthermore, an effect on A1c of 0.02% vs 0.05% is likely to be clinically insignificant.



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3. The potential effects of carvedilol on masking hypoglycemia and on worsening symptoms in people with peripheral vascular disease are not discussed. 4. As stated by the authors, there is a lack of evidence in terms of the long-term effects of carvedilol and RDN on relevant clinical endpoints in hypertensive patients with T2 diabetes.

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**Name of Journal:** World Journal of Diabetes

**ESPS Manuscript NO:** 10122

**Title:** NOVEL CHOICES TO IMPROVE GLYCEMIC CONTROL IN HYPERTENSIVE TYPE TWO DIABETICS

**Reviewer code:** 00211910

**Science editor:** Xiu-Xia Song

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

**COMMENTS TO AUTHORS**

The authors tried to review the evidences of carvedilol and renal-denervation therapy on blood pressure and glucose control in diabetic patients. Minor deficiency is noted. 1. Language editing is necessary. 2. For readers, a schematic figure is helpful to understand the novel mechanisms of carvedilol and RDN in controlling blood pressure and blood sugar.