

ANNALS OF PALLIATIVE MEDICINE

Peer Review File

Article information: <http://dx.doi.org/10.21037/apm-19-649>

Review Comments

Atrial fibrillation (AF) is associated with increased cardiovascular morbidity and mortality. In the manuscript “Association of systolic blood pressure with atrial fibrillation among treated hypertensive patients”, authors explore the relationship between systolic blood pressure and AF in hypertensive patients with or without antihypertensive treatment.

A couple of questions are required to be answered before acceptance.

(1) There are many grammatical errors (In particular, the use of English tense is inconsistent) or irregular writing (For example, there should be a space after each word or each punctuation) throughout the text. The language of this paper needs to be polished by an English native speaker.

Reply (1): We have checked the grammatical errors and irregular writing and further corrected them. Additionally, we have asked a native English speaker to revise our manuscript for polishing writing.

Changes in the text: see the marked copy of revised manuscript.

(2) Please check all the abbreviations in the whole text. They should be full names when they first appeared.

Reply (2): Abbreviations in the whole body of the manuscript have been checked and corrected.

Changes in the text: see page 3, line 59; page 4, line 94; page 5, line 100; page 10, line 220.

(3) The content stated in this paper is too old, mainly because most of the references are 3 years ago. Please refer to the relevant literature published in recent years to update the content of the paper.

Reply (3): We have updated the references to quote literature published in recent years and to discover and draw on the latest research results in our article.

Changes in the text: see references in the revised main document.

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(4) Several references are incomplete. Please provide it again.

Reply (4): Sorry for my mistake. Incomplete references have been checked and the missing parts have been supplemented.

Changes in the text: see updated references in the revised main document.

(5) In the manuscript, 7808 patients were enrolled from January 1, 2013, to December 31, 2013. Please check the date. However, only 78 cases of AF were included. The case numbers are not enough.

Reply (5): We strongly agree with you. Considering the diagnosis of atrial fibrillation in this study comes from the patient's self-report and routine electrocardiogram examination, the patient does not have dynamic electrocardiogram detection, so some patients with paroxysmal atrial fibrillation may not be found. We re-checked the date of enrollment, the results of electrocardiogram and other data, and there were no errors in either the date or the number of AF cases. The small number of patients with atrial fibrillation, which is a major limitation of the present study, has been explained and discussion in the article part regarding study limitations.

Changes in the text: see page 10, line 227-231.

(6) Figure 3 is not clear enough. It is recommended to provide clearer figures again.

Reply (6): We have checked Figure 3 and provided a clearer version.

Changes in the text: see the new Figure 3 uploaded along with the revised manuscript.

(7) What are else factors involved in atrial fibrillation?

Reply (7): Extra factors related to atrial fibrillation have been additionally discussed in the revised manuscript.

Changes in the text: see page 10, line 206-211.

(8) There are still some weak points in this paper. It is suggested that the author increase possible mechanism analysis. This is more conducive to support the conclusions of this study.

Reply (8): Thanks for your valuable suggestions. The possible mechanism of the main findings of our study have been added to discussion.

Changes in the text: see page 10, line 211-218.

(9) What are the highlights of the treatment for atrial fibrillation in the future?

Reply (9): The highlights of AF treatment according to our study have been added in the end of our article.

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Changes in the text: see page 11, line 239-241.

