



SDI Review Form 1.6

Journal Name:	Asian Journal of Pediatric Research
Manuscript Number:	Ms_AJPR_47985
Title of the Manuscript:	Sleep-disorders in children and adolescents
Type of the Article	<u>Review Paper</u>

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	<p>Sleep disorders in children and adolescents are mostly underdiagnosed as most of the paediatricians don't have enough information for an adequate investigation. Thus, a review on sleep disorders including not only respiratory problems are very important.</p> <p>The authors propose a review on the most important disorders. As the article is already very long, I would suggest excluding all references and all details referring to adult sleep disorders. I also would suggest to change your reference of sleep disorder classification to ISDC 3 launched in 2013.</p> <p>As Methods, the authors proposed a review on the most important databases. However, they did not mention which search strategy they used, how many articles they found, how many were duplicated, which were the inclusion and exclusion criteria and how many articles were included. Even not being a systematic review, this is absolutely necessary for a good review.</p> <p>As results, the authors should include a flowchart. All subchapters for each disorder that you had chosen should be presented in results and not in discussion.</p> <p>OSA and cardiovascular disease is mainly related to adult OSA and out of your scope. References 21-27 are not for children, there is literature for cardiovascular comorbidity in OSA children, I suggest to change.</p> <p>Parasomnias should be divided in REM and NREM parasomnias, I guess you should not be so detailed reporting epilepsy (although being a differential diagnosis).</p> <p>Rstless legs and narcolepsy are nicely reported, both disorders are only being reported in children very recently, so if paediatricians have few information about OSA or parasomnias, for these diseases they urge to get knowledge.</p> <p>Figures 2 and 3 certainly would have been very interesting for the discussion of sleep disorders in 2000, but not in 2019 (as the prognosis of aging is for 2020....), I suggest to exclude both.</p> <p>Figures 4 and 5 refer to costs of insomnia mostly based on adults, this is not the scope of your article.</p> <p>Your conclusions are mostly discussion, and should be reviewed.</p> <p>References: you included too much literature on adult sleep disorder and missed some important studies and reviews for children (CHAT study, TUCASA study, ERS statements...)</p>	<p>In some areas the Article relevantly and necessarily compares childrens' sleep-disorders and not more. The Article has not focused any much on adult sleep-disorders.</p> <p>The authors are not unaware of the new ISDC 3, but the authors cite here ISDC 2 in the manner one of this Review's references cites the ISDC 2 in discussing sleep-disorders in children. The authors found this reference's discussion very relevant and necessary for us authors to discuss – but, there aren't any newer such discussions in any new articles such that made reference of.</p> <p>The authors have only used Methodology very commonly used in Narrative Reviews (unlike Systematic-reviews and similar), and outlined such a Methodology.</p> <p>The cardiovascular complications of OSA are mostly seen in adults, they are not totally absent in children – particularly hypertension.</p> <p>Of References 21 – 27, only 22 is not directly relevant to childrens' OSA and CVD – as such, we request the References be left alone.</p> <p>Concerning Figures 2 – 5, the authors found it imperative and relevant to discuss the disease-burden of sleep-disorders including the economic-cost, preferably focused on children. But, specific data are not forthcoming and entirely up to date – hence, the data and figures the authors produce here. Such could be updated in subsequent articles on the topic when data becomes obtainable.</p> <p>References 41 & 42 on the CHAT and TUCASA Studies have been added and discussed appropriately.</p> <p>The Conclusion has been revised.'</p>
Minor REVISION comments	Some spelling, like para-somnia (should be parasomnia) or poly-somnography (should be polysomnography).....but English language is very good.	
Optional/General comments	This article is very important for improving knowledge on paediatric sleep disorders. Authors should just make clear their methods on literature search, exclude most parts referring to adult sleep disorders and make some changes of the structure of the text.	



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PART 2:

	Reviewer's comment	Author's comment <i>(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

As per the guideline of editorial office we have followed VANCOUVER reference style for our paper.

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