

Author's response to reviews

Title: The Internet for weight control in an obese sample: results of a randomised controlled trial

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Dear Editors,

Please find below a table addressing all minor essential revisions outlined in the Reviewer's report (12th February 2007). All suggested changes have been addressed in the revised manuscript 'The Internet for weight control in an obese sample: results of a randomised controlled trial' which I am now submitting.

Please do not hesitate to contact me if you have any further comments.

Yours Sincerely,

Aine McConnon, PhD.

Minor Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)	
Abstract, Results, Line 5: The word "secondary" appears to be missing (in relation to outcome measures)	Added "secondary"
Abstract, Results, Line 7: Add units for costs (per person/year?)	Unit for costs added
Methods, Page 4, Paragraph 2: Where were the baseline and follow-up appointments held? At a clinic or in the study participants' homes? This has a bearing on the high rate of study attrition.	All appointments were held in the participants' GP practice. This has been added to the text.
Methods, Page 5, Paragraph 3: Was the internet intervention piloted and pre-tested with consumers? This has a bearing on consumer uptake of the intervention.	The website and questionnaires were piloted in a sample of overweight University staff. The results of this pilot were used to inform the final version of the website. This text has been added to the methods section.
Methods, Page 5, Paragraph 3: How was the internet advice personalised (based on age, sex, ethnicity, previous weight loss attempts, preferences for specific modules etc)? What questions were used to elicit relevant information? Can an example of how motivational statements were tailored to participants be given?	Additional information has been included in this section to give further explanation to the mechanism behind the generation of personalised advice and motivational statements. Page 5, paragraph 3.
Methods, Page 7, Paragraph 4: Please state how missing values were accounted for in your primary ITT analysis. The text currently only lists this for secondary analyses.	In the ITT analysis all available data were used. Additional analyses were conducted (LOCF, BOCF) to assess the effect of missing data.
Results, Page 8, Paragraph 1 and Table 1: It is not usual to include p-values in a baseline table since randomisation means that any imbalances can only have occurred by chance. I suggest you remove the p-values from the text and table. In addition, I have never seen a 95% confidence interval for a p-value. Please explain in your methods why the mean is provided for some baseline values (e.g. weight) and the median for others (e.g. BMI).	P-values have been removed from the text and table 1. Due to the non-normal nature of BMI and QOL data it was thought more appropriate to report the median value rather than the mean.
Results, Page 9, Paragraph 1, Line 3: I think the authors have transposed the "usual care" and "internet" follow-up rates here.	Amended
From my reading of this paper, the lack of engagement of the study participants with the internet intervention is a major failing. I think this aspect along with the lack of pre-testing and piloting of the intervention with consumers (if this was the case) should be discussed more thoroughly in the Discussion and Conclusions of the paper along with suggestions as to how such engagement might be improved in future internet-based interventions.	This comment has been addressed now in the Discussion and Conclusions sections. Lack of engagement in Internet-based interventions for weight loss is well recognised in the literature and presents a major obstacle for research in this area, and therefore is an important point which is now raised in this paper.
Even with increased consumer engagement in future interventions the possible lack of internet access by the whole UK population (particularly low-income and ethnic minority groups) means that such interventions may be more effective for well-educated, high income groups and, thus, increase potentially disparities in obesity and health.	The issue raised here by the reviewer has now also been included in the Discussion section.
Discretionary Revisions (which the author can choose to ignore)	

