Author's response to reviews

Title: A cross-sectional study assessing the self-reported weight loss strategies used by adult Australian general practice patients.

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Author's response to reviews: see over
Dear Prof Vinker,

RE: "A cross-sectional study assessing the self-reported weight loss strategies used by adult Australian general practice patients" MS: 1957345694691920

Thank you for your recent correspondence on the 26th April 2012 relating to the above manuscript submitted to BMC Family Practice. We appreciate the comments put forward by the reviewers and welcome the opportunity to revise and improve this manuscript. Comments from the two reviewers are addressed below, with revised page numbers relating to changes made in the manuscript. All changes made have also been highlighted as per the editor’s request.

Reviewer 1 comments – Yavoc Fogelman

The study does not add new data to what is already known
This study has a number of novel features, specified below, which we believe will make an important contribution to the literature.

- New information on specific diets used by general practice patients, and rates of consultation with GPs for weight loss advice
  While other studies (Charles 2006, Timperio 2000) have assessed the general strategies used to lose weight, the specific types of diets used have not been closely examined in general practice patients. This is important as the type of dietary changes undertaken has significant implications for whether weight loss efforts are successful. The use of harmful diets may also affect the overall health of the person. This study also provides valuable information regarding the proportion that consult their GP prior to trying to lose weight. Additional sentences to emphasise the significance of this information have been added to page 4 of the manuscript.

- Use of touchscreen technology as novel method for data collection
  No other study reporting on weight loss strategies have utilised a touchscreen computer as a method of data collection. Previous studies have used GP assessment (Charles 2006) or postal questionnaires (Timperio 2000). The advantages of using this method have been described in the background section of the manuscript (page 5).

Selection bias due to exclusion of non-English speaking patients
To maximise the number of eligible patients, the questionnaire was designed so it had a Flesh-Kincaid score of 8 (i.e. an average grade 8 student would be able to understand the questionnaire). Only 7% of approached patients were excluded due to inability to understand the questionnaire. While not generalisable to non-English speaking participants, findings
reported here are likely to be representative of those presenting for care, given that non-English speakers make up only a small proportion of those presenting for care.
The following sentence was included in the manuscript “The survey was designed to have a Flesh-Kincaid score of 8 in order to minimise the number of patients excluded due to having insufficient English to understand the survey.” (page 6). The limitations related to representativeness due to exclusion of non-English speakers are also acknowledged in the ‘limitations’ section of the discussion (See page 12).

**Recruitment in general practice waiting room is problematic**
General practice was chosen as the recruitment setting as it provides access to a large proportion of the population, and may be a valuable setting for the delivery of weight loss interventions. As the average waiting time to see GPs in Australia is approximately 15 minutes, general practice waiting rooms provides an appropriate setting for patient recruitment. The high consent rate achieved in this study provides an indication that recruitment in this setting is acceptable to patients. The advantages of the general practice setting for studying weight loss strategies are now described on page 4.

**Value and content of GP consultation in obese patients not evaluated**
The authors acknowledge that assessing the value and content of physician-patient discussion of weight management strategies would be useful in informing obesity research; however this was beyond the scope of the current study. The current study aimed instead to identify the types of strategies and diets used to lose weight as well as whether patients consulted their GP prior to trying to lose weight.

**The long term effectiveness of weight loss medications**
The effectiveness of pharmacotherapy for treatment of obesity and overweight have been summarised in a Cochrane review by Padwal et al (2009). The review, which included only trials with a follow up of one year or more, reported that medications including orlistat, sibutramine and rimonabant produced moderate weight loss in overweight and obese patients and that those patients were significantly more likely to achieve 5% and 10% weight loss of initial body weight. We do acknowledge that regain of initial weight loss is common in both pharmacotherapy and behavioural interventions.
The Padwal 2009 reference has been included in the manuscript to substantiate the claim that prescription medicine has been shown to be effective in producing moderate weight loss (reference 21, page 10). This is not a major focus of the manuscript; therefore further details regarding this have not been added to the discussion section.

**Detail about the types of strategies recommended by obesity specialists**
The specific strategies recommended by obesity specialists were not assessed in this study and were beyond the aims of the current study.
Reviewer 2 comments – Eyal Jacobson

Minor essential revisions

Not clear what category BMI=18.5 kg/m\(^2\) belongs to

Those with a BMI= 18.5 kg/m\(^2\) are categorised as normal weight according to the World Health Organization. The appropriate amendment has been made to indicate this on page 6 of the manuscript.

Age categories in table 1

Amendments have been made to correct the age categories in table 1 (page 19).

Abbreviations HSC and TAFE in table 1 should be clarified

A footnote clarifying the above abbreviations has been included in table 1 (page 19).

Inconsistency in reporting 95% confidence intervals

All values in manuscript have been amended to the following: [95% CI lower interval- upper interval]. Changes made have been highlighted in the manuscript.

Discretionary Revisions

Review of the existing literature surrounding the use of the touchscreen computer for data collection

A summary of the use of touchscreen technology for data collection has been included on page 6 of the manuscript.

We hope that we have adequately addressed the reviewer’s comments and that this meets with the editor’s satisfaction. If any further clarification is required, please feel free to contact me at any stage. I look forward to receiving a response at your earliest convenience.

Yours Sincerely,

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